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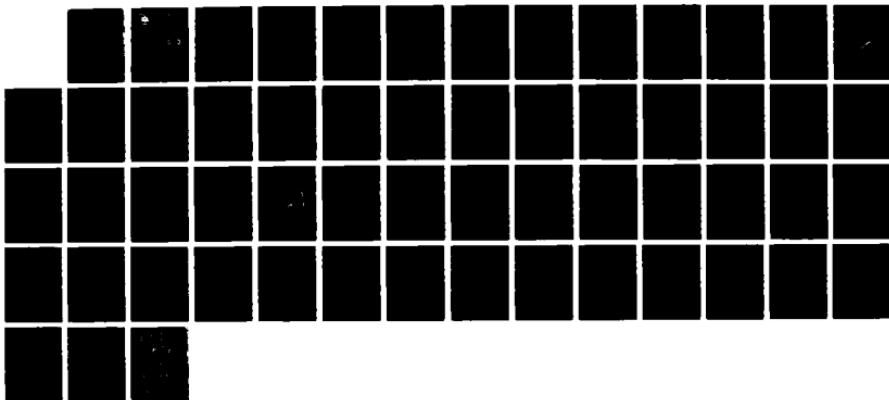
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FORCE OCCUPATIONAL MEASUREMENT CENTER RANDOLPH AFB TX
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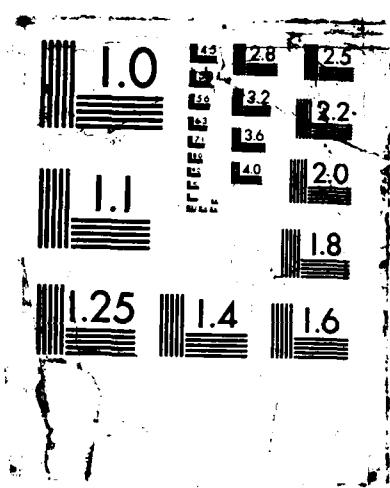
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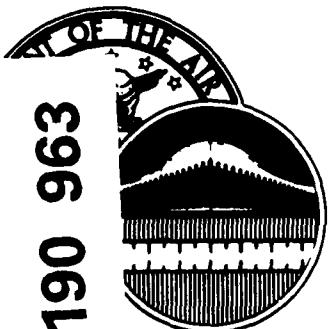
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UNITED STATES AIR FORCE

OCCUPATIONAL SURVEY REPORT

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OPTOMETRY/OPHTHALMOLOGY SPECIALTY

AFSC 912X5/A

AFPT 90-912-489

OCTOBER 1987

OCCUPATIONAL ANALYSIS PROGRAM
USAF OCCUPATIONAL MEASUREMENT CENTER
AIR TRAINING COMMAND
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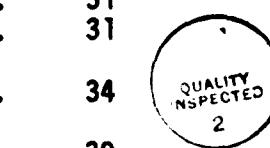
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PREFACE

This report presents the results of a detailed Air Force Occupational Survey of the Optometry/Ophthalmology Specialty (AFSCs 912X5/A). The project was undertaken at the request of the Chief, Training Operations Division, School of Health Care Sciences, Sheppard AFB, Texas. Priority was established by the Occupational Analysis Program Priorities Working Group (PWG) in accordance with AFR 35-2. Computer printouts from which this report was produced are available for use by operating and training officials.

The survey instrument was developed by Chief Master Sergeant Anthony O'Flaherty, Inventory Development Specialist. Computer programming support for this project was provided by Technical Sergeant Joe Seitz. Administrative support was provided by Mr Richard Ramos. Lieutenant Cheryl Soat, Occupational Analyst, analyzed the survey data and wrote the final report. This report has been reviewed and approved by Lieutenant Colonel Thomas E. Ulrich, Chief, Airman Career Ladders Analysis Branch, Occupational Analysis Division, USAF Occupational Measurement Center.

Copies of this report are distributed to Air Staff sections, major commands, and other interested training and management personnel. Additional copies may be obtained on request to the USAF Occupational Measurement Center, Attention: Chief, Occupational Analysis Division (OMY), Randolph AFB, Texas 78150-5000.

RONALD C. BAKER, Colonel, USAF
Commander
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Chief, Occupational Analysis Division
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SUMMARY OF RESULTS

1. Survey Coverage: Survey results are based on responses from 220 respondents with DAFSC 912X5/A. This represents 76 percent of the 289 assigned personnel in these career ladders.
2. Specialty Structure: The study identified four major jobs encompassing 93 percent of the total sample. These jobs include: Optometry Personnel, Ophthalmology Personnel, Instructor Personnel, and Optometry Superintendents.
3. Career Ladder Progression: Both 3- and 5-skill level personnel in the 912X5 AFSC performed essentially the same job, with few exceptions. As AFSC 912X5 personnel progress to the 7-skill level, they spend an increasing amount of time on administrative functions related to supervisory and managerial functions, but continue to perform many of the same technical tasks. Within the A-shred, we see a somewhat different picture. Very few 3-skill level personnel are identified with an A-shred, and the job performed by these personnel is very similar to that performed at the 5-skill level. As these respondents progress to the 7-skill level, they are spending increasing amounts of time on surgical procedures, rather than supervisory functions. A review of AFR 39-1 Specialty Descriptions for both ladders revealed them to be accurate in describing the major functions being performed by personnel. One minor area that needs to be addressed is the need to add some administrative and contingency functions.
4. Training: Both the STS and the POI, when compared with survey data, were quite well supported in accordance with ATCR 52-22. A few items, however, were found to have low percentages of personnel performing them. Also, several tasks performed by high percentages of the relevant groups of personnel were not referenced to these training documents. These minor discrepancies suggest that a review for possible refinements may be beneficial.
5. Implications: The Optometry/Ophthalmology Specialty presents a fairly stable career ladder, with few identifiable changes occurring since the previous survey, despite the merger of the two shreds into one ladder. The current AFR 39-1 specialty descriptions, along with the training documents, may benefit from some fine-tuning; however, no major revisions should be necessary. Job satisfaction indicators, while good for the overall survey sample, have fallen in specific areas since the last survey. This decline should be examined as to possible causes, and directions for improvement.

OCCUPATIONAL SURVEY REPORT
OPTOMETRY/OPHTHALMOLOGY SPECIALTY
(AFSC 912X5/A)

INTRODUCTION

This is an occupational survey report (OSR) of the Optometry and Ophthalmology career ladders (AFSC 912X5/A) completed by the Occupational Analysis Division, USAF Occupational Measurement Center, in August 1987. The survey was conducted in response to a request from the School of Health Care Sciences, Sheppard AFB TX, to supply current data for use in validating the current Specialty Training Standard (STS) and Plan of Instruction (POI). In addition, the school wanted to collect current data on utilization of equipment by career ladder incumbents. The last survey of the AFSC 912X5, Optometry career ladder was published as a part of a comparative study with the AFSC 902X2, Surgical Services Specialty in April 1979. Key words: Air force personnel, job analysis, personnel development, skills.

Background

The Optometry specialty was created in January 1971, as a single ladder specialty, with 3-, 5-, and 7-skill levels. In April 1981, the 9-skill level was established as Optometry Superintendent. In April 1985, the Superintendent position assumed an identifier of 91299. Also in April 1985, the Ophthalmology shred was deleted from the AFSC 902X2, Surgical Services Specialty, and was added to the AFSC 912X5, Optometry Specialty, as an A-shred.

Optometry personnel assist in patient treatment, fit eyewear to patients, process eyewear prescriptions, perform tests, conduct therapy, and perform other administrative and technically-related duties. Personnel with the Ophthalmology shredout also act as special surgical assistants, assisting the doctor during surgery, as well as performing both preoperative and postoperative procedures.

Primary entry into the career field is through a 10-week resident training course at the School of Health Care Sciences, Sheppard AFB.

SURVEY METHODOLOGY

Inventory Development

USAF Job Inventory AFPT 90-912-489 (September 1986) was the data collection instrument for this occupational survey. A comprehensive listing of tasks and potential background questions was developed and refined by

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interviewing 33 subject-matter experts from 13 different organizations. Interview locations were recommended by functional managers as representative of the general workload, as well as the specialized functions performed by optometry and ophthalmology personnel across the Air Force. The following bases were visited for interviews:

Sheppard AFB - School of Health Care Sciences
- Regional Hospital

Keesler AFB - Example of a large medical center

Dyess AFB - Example of a small hospital

Williams AFB - Example of an average size hospital

Davis-Monthan AFB - Example of a regional hospital

Scott AFB - Example of a large medical center

Beale AFB - Example of a small hospital

Mather AFB - Example of a regional hospital

Wilford Hall - Example of a large medical center
- Concentration of A-shred personnel

USAF Academy - Services a unique patient population

Eglin AFB - Example of a regional hospital

Langley AFB - Example of an intermediate size hospital,
with a mobility function

The resulting job inventory contained a comprehensive listing of 352 tasks under 12 duty headings, and a background section requesting information such as grade, duty title, type of medical facility, equipment operated and maintained, and job satisfaction data.

Survey Administration

From September through November 1986, Consolidated Base Personnel Offices in operational units worldwide administered the survey to Optometry and Ophthalmology personnel. Participants were selected from a computer-generated mailing list provided by the Air Force Human Resources Laboratory.

All individuals who filled out an inventory first completed an identification and biographical information section, and then checked each task performed in their current job. Next, members rated the tasks on a 9-point scale, showing relative time spent on each as compared to all other tasks.

Ratings ranged from 1 (very small amount of time spent) to 9 (very large amount of time spent). Statistical analysis of these ratings permitted very precise estimates of the percent of time individuals spent on each task.

Survey Sample

Personnel in the survey were carefully selected to ensure an accurate representation across major commands (MAJCOM) and military paygrades. Table 1 shows how the final sample compared to the actual population of the career ladder in terms of distribution across MAJCOMS. The table clearly shows each MAJCOM was proportionately represented. To further show how well the sample distribution reflects the career field, Table 2 compares the distribution of the population versus the sample by paygrade. The 220 respondents included in the final sample represent 84 percent of the AFSC 912X5/A career ladder personnel eligible for the survey, and 76 percent of the 289 personnel assigned to the career ladder. (Personnel awaiting PCS, retirement, or discharge, those with less than 6 weeks on the job or those in training status, and those on hospital status were not eligible.)

Task Factor Administration

Selected senior personnel in the 912X5/A AFSC completed a second booklet in addition to the job inventory booklet. Processed separately, these booklets provide rating information for each task concerning task difficulty (TD) or training emphasis (TE), as perceived by these NCOs. Task difficulty refers to the length of time required for the average job incumbent to learn to perform that task to the required proficiency. Training emphasis refers to the importance of structured training; that is, training provided through an organized training method, such as resident technical training schools, field training detachments (FTD), mobile training teams (MTT), or formal OJT for first-term personnel.

Task Difficulty (TD). To complete the TD booklet, individuals rated each task in the inventory with which they were familiar on a 9-point scale, ranging from an extremely low relative difficulty (a rating of 1) to an extremely high relative difficulty (a rating of 9). Thirty-eight NCOs provided the data, which was then divided into Optometry and Ophthalmology groups to assign ratings to the appropriate shreds. The interrater reliability (as assessed through components of variance of standardized group means) of the TD data provided by the AFSC 912X5 raters was .96, indicating a very high level of agreement among raters. Likewise, an interrater reliability of .95 for the data provided by the AFSC 912X5A personnel, also indicates excellent agreement among raters. TD ratings were adjusted to give a rating of 5.00 to a task of average difficulty, with a standard deviation of 1.00. The resulting data are essentially a rank ordering of the tasks indicating the degree of difficulty of each task in the inventory.

Training Emphasis (TE). Individuals completing TE booklets rated tasks they believed required training for first-term personnel on a 10-point scale, ranging from 1 (low training emphasis) to 9 (most training required), with a

TABLE 1
COMMAND DISTRIBUTION OF SURVEY SAMPLE

<u>COMMAND</u>	<u>PERCENT OF ASSIGNED* (N=289)</u>	<u>PERCENT OF SAMPLE (N=220)</u>
SAC	20	20
TAC	16	19
ATC	14	16
MAC	13	11
AFSC	12	10
USAFE	10	9
AFLC	5	5
PACAF	3	3
AAC	2	2
AIR UNIVERSITY	2	2
AIR FORCE ACADEMY	1	1
OTHER	2	2
	<u>912X5</u>	<u>912X5A</u>
TOTAL ASSIGNED	238	51
TOTAL NUMBER ELIGIBLE	217	46
TOTAL IN SAMPLE	183	37
PERCENT OF ASSIGNED	77%	73%
PERCENT OF ELIGIBLE	84%	80%

Note: Manning figures as of September 1986

TABLE 2
PAYGRADE DISTRIBUTION

<u>PAYGRADE</u>	912X5		912X5A	
	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>	<u>PERCENT OF ASSIGNED</u>	<u>PERCENT OF SAMPLE</u>
E-1 TO E-3	25	25	2	2
E-4	20	20	3	3
E-5	19	19	4	5
E-6	12	12	4	3
E-7	6	6	4	4
E-8	1	1	1	0

Note: Totals may not add to 100 percent due to rounding

blank representing no training required at all. TE data were collected from 35 experienced personnel worldwide, and once again divided according to AFSC. Interrater reliabilities for AFSCs 912X5 and 912X5A raters, were .93 and .86 respectively. Each of these figures indicates sufficient agreement among raters as to which tasks required some form of structured training and which did not.

When used in conjunction with other information, such as percent members performing, TD and TE ratings can provide insight into training requirements. Such insight may help substantiate the lengthening or shortening of sections of instruction in various training programs.

SPECIALTY JOBS (Career Ladder Structure)

The structure of jobs within the Optometry and Ophthalmology career ladders was examined on the basis of similarity of tasks performed and the percent of time spent ratings provided by job incumbents, independent of specialty or other background factors.

For the purpose of organizing individual jobs into similar units of work, an automated job clustering program is used. This hierarchical grouping program is a basic part of the Comprehensive Occupational Data Analysis Program (CODAP) system for job analysis. Each individual job description in the sample is compared to every other job description, in terms of tasks performed, and the relative amount of time spent on each task in the job inventory. The automated system is designed to locate the two job descriptions with the most similar tasks and percent time ratings, and combine them to form a composite job description. In successive stages, new members are added to initial groups, or new groups are formed based on the similarity of tasks and percent of time ratings in each individual job description. This procedure is continued until all individuals and groups are combined, to form a single composite representing the total sample.

The basic identifying group used in the hierarchical job structuring process is the job type. A job type is a group of individuals who perform many of the same tasks and spend similar amounts of time performing them. When there is a substantial degree of similarity between different job types, they are grouped together and labeled as clusters. In many career ladders, there are specialized job types that are too dissimilar to be grouped into any cluster. These unique groups are labeled independent job types.

Based on the similarity of tasks performed and the amount of time spent performing each task, two clusters and two independent job types were identified in the examination of the Optometry career ladders. These major jobs are illustrated in Figure 1 and are described on the following pages. The stage (STG) number shown beside each title is a reference to computer-printed information, and the letter N refers to the number of personnel in the group:

**OPTOMETRY/OPTHALMOLOGY SPECIALTY JOBS
(N=220)**

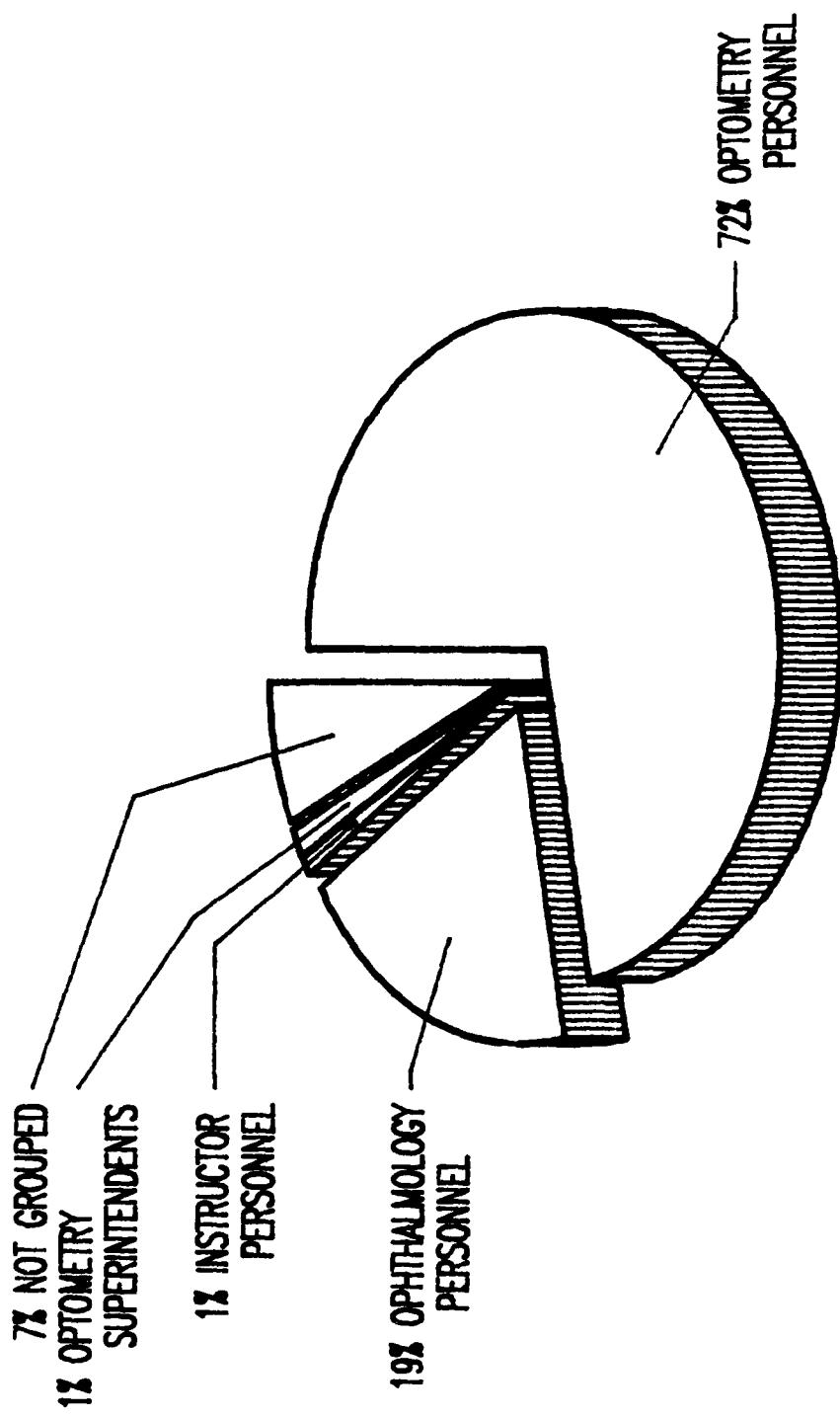


FIGURE 1

- I. OPTOMETRY PERSONNEL (STG019, N=158)
 - A. Optometry NCOICs (STG023, N=65)
 - B. Optometric Assistants (STG030, N=92)
- II. OPHTHALMOLOGY PERSONNEL (STG13, N=42)
 - A. Ophthalmology Technicians (STG036, N=36)
 - B. Junior Ophthalmology Personnel (STG016, N=5)
- III. INSTRUCTOR PERSONNEL (STG018, N=2)
- IV. OPTOMETRY SUPERINTENDENTS (STG029, N=3)

The AFSC 912X5/A personnel forming these job types and clusters account for 93 percent of the survey sample. The remaining 7 percent of these personnel did not group with any of the clusters or jobs listed above, because of the uniqueness of the job they perform or the manner in which they responded to the tasks listed in the job inventory.

Overview

Optometry (AFSC 912X5) and Ophthalmology (AFSC 912X5A) personnel perform very different and distinct jobs, as evidenced by the career ladder structure analysis. However, within each function, personnel perform a very homogeneous job, with few variations noted.

The following paragraphs briefly describe each of the clusters and independent job types identified. Two tables at the end of this section provide additional information about each of these groups. Table 3 provides the relative amount of time spent on each duty by each of the major groups identified. For example, Optometry personnel spend 30 percent of their time on tasks involved in ordering and dispensing spectacles, and only 2 percent of their time performing ophthalmologic functions, while Ophthalmology personnel spend 24 percent of their time on ophthalmologic functions and only 6 percent of their time ordering and dispensing spectacles. Table 4 provides selected background information such as DAFSC, average months of service (TAFMS), MAJCOM distribution, and the average number of tasks performed by each of the major groups. For example, there are 158 members of the Optometry personnel cluster. Of these, 60 percent hold a DAFSC of 91255, 82 percent are located within the CONUS, and they perform an average of 111 tasks each.

Also included in this report is an appendix concerning the Optometry/Ophthalmology specialty jobs. Appendix A provides duty and background information for all the major jobs identified in the Career Ladder Structure analysis. This appendix also lists common tasks performed by members of each of the jobs identified.

TABLE 3
**RELATIVE PERCENT TIME SPENT ON DUTIES BY CAREER LADDER CLUSTERS
 AND INDEPENDENT JOB TYPES**

	<u>OPTOMETRY PERS (STG019)</u>	<u>OPHTHALMOLOGY PERSONNEL (STG013)</u>	<u>INSTRUCTOR PERSONNEL (STG018)</u>	<u>OPTOMETRY SUPERINTENDENTS (STG029)</u>
A ORGANIZING AND PLANNING	3	4	14	16
B DIRECTING AND IMPLEMENTING	3	5	10	22
C INSPECTING AND EVALUATING	4	5	14	27
D TRAINING	3	4	29	4
E PERFORMING ADMINISTRATIVE TASKS	26	24	18	27
F PERFORMING OPTOMETRIC SUPPORT FUNCTIONS	22	23	10	*
G ORDERING AND DISPENSING SPECTACLES	30	6	4	*
H PERFORMING VISUAL TRAINING FUNCTIONS	*	*	*	0
I PERFORMING CONTACT LENS FUNCTIONS	4	3	1	1
J PERFORMING OPHTHALMOLOGIC FUNCTIONS	2	24	*	*
K PERFORMING EYE DONOR FUNCTIONS	*	*	0	0
L PERFORMING CONTINGENCY TASKS	3	2	*	2

* Less than .5 percent

TABLE 4

**SELECTED BACKGROUND DATA FOR CAREER LADDER CLUSTERS
AND INDEPENDENT JOB TYPES**

	<u>OPTOMETRY PERSONNEL (STG019)</u>	<u>OPHTHALMOLOGY PERSONNEL (STG013)</u>	<u>INSTRUCTOR PERSONNEL (STG018)</u>	<u>OPTOMETRY SUPERINTENDENTS (STG029)</u>
NUMBER IN GROUP	158	42	2	3
PERCENT OF TOTAL SAMPLE	72%	19%	1%	1%
PERCENT IN CONUS	82%	81%	100%	100%
DAFSC DISTRIBUTION (PERCENT)				
91235	12	0	0	0
91255	60	10	100	0
91275	28	7	0	100
A-SHRED DISTRIBUTION				
91235A	0	5	0	0
91255A	0	33	0	0
91275A	0	45	0	0
PREDOMINANT GRADE	E-4	E-5	E-6	E-7
AVERAGE MONTHS IN CAREER FIELD	62	83	74	126
AVERAGE MONTHS IN SERVICE	88	129	128	215
AVERAGE NUMBER OF TASKS PERFORMED	111	158	135	96
MAJOR COMMAND: (PERCENT)				
SAC	20	21	0	0
TAC	21	17	0	33
ATC	18	10	100	0
MAC	9	10	0	33
USAFE	9	7	0	0
AFSC	7	14	0	0
AAC	3	2	0	0
AFLC	5	7	0	0
AIR UNIVERSITY	1	5	0	33
PACAF	3	5	0	0
USAFA	1	2	0	0
OTHER	3	0	0	0

I. OPTOMETRY PERSONNEL (STG019, N=158). Comprising 72 percent of the total survey sample, these 158 personnel spend a total of 52 percent of their work time performing optometric support functions, and ordering and dispensing spectacles. Typical tasks performed by these personnel include:

- maintain prescription order suspense files
- adjust spectacles
- select frame sizes
- measure interpupillary distances
- replace temples
- replace fronts in spectacle frames in other than hearing aid equipped frames

The vast majority of these personnel are working in hospital optometry clinics, while a smaller percentage are working in smaller clinics. By assisting optometrists in the administrative operation of the clinic, and in the technical aspects of fitting patients for spectacles, these personnel perform the core job of the specialty. Eighty-two percent of these incumbents are located within the CONUS and they are distributed across the major commands. They have an average of 88 months in service and are concentrated at the 5-skill level. The typical job incumbent here holds a paygrade of E-4 and performs an average of 111 tasks.

Two subordinate jobs were identified within this cluster--Optometry NCOICs and Optometric Assistants. As is evident from the individual job titles, the two jobs are differentiated primarily as a function of supervisory responsibility and experience. While Optometry NCOICs spend approximately 24 percent of their time on supervisory and training functions, Optometric Assistants spend only 5 percent of their time on these same tasks. Both groups spend large amounts of time on administrative functions, optometric support functions, and ordering and dispensing spectacles.

II. OPHTHALMOLOGY PERSONNEL (STG013, N=42). Also forming a very distinct job within the specialty, these 42 personnel spend 24 percent of their work time performing ophthalmologic functions. The vast majority of these members are A-shred personnel, indicating they are trained to assist ophthalmologists during surgical procedures. Tasks differentiating these personnel from other groups include:

- assist physicians during minor surgery
- prepare supplies and instruments for use during surgical procedures
- perform applanation tonometry
- schedule patients for surgery
- clean and sterilize instruments, other than major surgical instruments
- scrub and gown for major surgery
- explain minor procedures to patients

Located exclusively at hospitals and larger medical centers, these personnel form a relatively experienced group, averaging 129 months in service. Forty-five percent hold the 91275A DAFSC and another 43 percent carry the 91255A DAFSC. As indicated in Table 4, 81 percent of these respondents are located within the CONUS. The typical job incumbent here holds a paygrade of E-5, and performs an average of 158 tasks.

Two component jobs were also identified within this cluster--Ophthalmology Technicians and Junior Ophthalmology Personnel. While the Ophthalmology Technicians are a fully qualified and very experienced group of personnel, the Junior Ophthalmology Personnel are considerably less experienced. This less experienced group spends considerably more time performing optometric support functions and ordering and dispensing spectacles.

III. INSTRUCTOR PERSONNEL (STG018, N=2). The primary job of the personnel in this small, independent job type is to instruct and prepare personnel for entry into the career ladder. Located at the School of Health Care Sciences, these personnel conduct the basic resident training for the specialty. As shown in Table 3, 29 percent of their work time is dedicated to training functions, and another 18 percent of their time is spent on the administrative duties, which are inherent in any classroom setting. Typical tasks performed by these personnel include:

- conduct training conferences
- develop resident course curriculum materials
- conduct resident course classroom training
- prepare lesson plans
- establish resident course training requirements
- evaluate training progress of resident course students

Averaging 128 months in service and 74 months in the career ladder, these 5-skill level personnel hold an average paygrade of E-6. They comprise approximately 1 percent of the total survey sample, and perform an average of 135 tasks.

IV. OPTOMETRY SUPERINTENDENTS (STG029, N=3). The job performed by the three personnel of this independent job type is almost exclusively administrative in nature. Sixty-five percent of their work time is spent on supervisory and managerial duties, while another 27 percent of their time is spent on other administrative functions. Performing an average of 96 tasks, their most common tasks include:

- evaluate compliance with work standards
- evaluate administrative procedures
- evaluate work schedules

serve on promotion or awards boards
direct maintenance of administrative files
maintain organizational policies

All of these personnel are located in large hospitals within the CONUS. As indicated by both the task list above and the breakdown of work time shown in Table 3, these personnel are performing a managerial function for departments within the hospital setting. The average job incumbent here holds a 7-skill level, and a paygrade of E-7. With an average of 215 months in service, and 126 months in the specialty, this group clearly forms the most experienced group in the survey sample.

Comparison of Specialty Jobs

A comparison of the jobs identified in the specialty jobs analysis reveals distinct differences between the two predominant jobs, as well as the two small independent job types. Thus, in looking for core tasks which are performed by personnel across all jobs, few were identified. In general, core tasks tended to be administrative in nature. Examples of these core tasks include:

prepare daily work schedules
participate in staff meetings
identify safety hazards
maintain levels of supplies, other than medications
make entries on SF Forms 600 (Health Record-Chronological Record of Medical Care)
schedule patient's appointments

In comparing the job performed by Optometry personnel with that performed by Ophthalmology personnel, some areas of commonality were identified. These areas primarily involved administrative tasks and optometric support functions. Primary differences were identified where Optometry Personnel were spending a much larger amount of time ordering and dispensing spectacles, and Ophthalmology personnel were spending more time on such ophthalmologic functions as assisting during minor surgery. Specific tasks showing differences and commonalities are outlined in Table 5.

Comparison to Previous Survey Job Structure

The previous survey of the Optometry and Ophthalmology specialties was published in 1979 as a combined study, along with several other medical specialties. Although the Ophthalmology Surgical Specialty was separate from the Optometry Specialty at the time, the jobs identified in the 1979 survey can be compared with those found in the current survey quite clearly. In 1979, 118 survey respondents described their job as being Optometry personnel. Within this cluster, job types were identified as Experienced Optometry Specialists,

TABLE 5
TASKS REPRESENTING COMMONALITY AND DIFFERENCES
BETWEEN OPTOMETRY AND OPHTHALMOLOGY PERSONNEL

OPTOMETRY UNIQUE TASKS

NOTIFY PATIENTS OF SPECTACLE ORDER ARRIVAL
ORDER GAS MASK INSERTS
ADJUST SPECTACLES
MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN
SAFETY SPECTACLES
MAINTAIN PRESCRIPTIONS ORDER SUSPENSE FILES
MAINTAIN PRESCRIPTION LOGBOOKS
SELECT FRAME SIZES
REPLACE FRONTS IN SPECTACLE FRAMES IN OTHER THAN HEARING AID EQUIPPED FRAMES
VERIFY SPECTACLES
REPLACE TEMPLES

COMMON TASKS

ANSWER PATIENT INQUIRIES
EXPLAIN CLINICAL POLICIES TO PATIENTS
MAINTAIN LEVELS OF SUPPLIES, OTHER THAN MEDICATIONS
MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL
CARE)
SCHEDULE PATIENT'S APPOINTMENTS
ADMINISTER PSEUDOISOCROMATIC PLATES (VTS-CV)
INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES
MEASURE DISTANT VISUAL ACUITY WITH EYE LANES
MEASURE NEAR VISUAL ACUITY WITH NEAR POINT CARDS
PERFORM NONCONTACT TONOMETRY (NCT)
PREPARE CLINIC EQUIPMENT FOR DAILY USE

OPHTHALMOLOGY UNIQUE TASKS

ASSIST PHYSICIANS DURING MINOR SURGERY
PREPARE SUPPLIES AND INSTRUMENTS FOR USE DURING SURGICAL PROCEDURES
PERFORM APPLANATION TONOMETRY
DON SURGICAL GLOVES
SCHEDULE PATIENTS FOR SURGERY
CLEAN AND STERILIZE INSTRUMENTS, OTHER THAN MAJOR SURGICAL INSTRUMENTS
SCRUB AND GOWN FOR MAJOR SURGERY
EXPLAIN MINOR PROCEDURES TO PATIENTS
OBTAIN SUPPLIES AND INSTRUMENTS FOR USE DURING SURGERY PROCEDURES
PHOTOGRAPH FUNDUS

Optometry NCOICs, and Junior Optometry Specialists. These jobs are parallel to the Optometry NCOICs and Optometric Assistants identified within the current Optometry Personnel cluster. Likewise, similar numbers of respondents were identified as Ophthalmology Personnel in both surveys. While these personnel comprised an independent job type in the previous survey, a cluster with two component jobs was identified in the current survey. Since these jobs represent differing levels of experience rather than differing functions, it is unlikely that this difference represents any actual change in the job performed. Rather, it is more likely that these personnel represented such a small percentage of the former survey sample that they could not be identified as precisely. Respondents identified as Instructor Personnel and Optometry Superintendents were also identified in the previous study as Training Personnel and Medical Services Superintendents, respectively. In this light, it is obvious that, despite the merger of the two specialties, there have been no actual additions or subtractions in the jobs being performed over the past 8 years.

Conclusion

A comprehensive analysis of the jobs performed by AFSC 912X5/A personnel identified two highly distinct clusters and two independent job types. Seventy-two percent of surveyed personnel grouped together into a single cluster of Optometry personnel, while another 19 percent grouped together as Ophthalmology personnel. Instructor Personnel and Optometry Superintendents comprise another 2 percent of the survey respondents, leaving only 7 percent performing unique, one-of-a-kind functions. This specialty job structure, while reflecting different jobs performed by Optometry and Ophthalmology personnel, indicates fairly homogeneous groups within each career ladder, with few unique functions being performed across the various function assignments.

ANALYSIS OF DAFSC GROUPS

An examination of skill level progression, in conjunction with the analysis of the specialty jobs, is an important part of each occupational analysis. The DAFSC analysis identifies variations in both tasks and jobs performed as one progresses from the 3-skill level up through the 7-skill level. This information is extremely useful, not only in giving new members of the career ladder a picture of what to expect as they progress within the specialty, but also in evaluating the adequacy and relevance of the AFR 39-1 Specialty Descriptions in depicting the tasks and jobs actually being performed within the specialty.

AFSC 912X5

Table 6 shows the relative percent time spent on each duty across skill level groups. Due to the high degree of similarity in the jobs performed at the 3- and 5-skill level, these groups were combined for the purposes of analysis. From the job description for these personnel (see Table 8), it is obvious they are spending a good deal of time ordering and dispensing spectacles and performing optometric support functions. When we look at Table 6, which compares the percent time spent on duties by the various skill level personnel, we see that the 3- and 5-skill level personnel are spending substantially more time in these areas than the 7-skill level group. Conversely, these more junior personnel are spending less than half the amount of time on supervisory and training tasks, when compared to their more senior counterparts. From these data, it is not surprising to find that 87 percent of the 3- and 5-skill level personnel surveyed are included in the job identified as Optometric Assistants, within the Optometry personnel cluster (see Table 7).

When individuals progress to the 7-skill level, they continue to spend a substantial amount of time working with spectacles and performing optometric support functions. A close examination of the job description for these personnel (see Table 9) shows the most prevalent tasks, in terms of percent of personnel performing, shift toward more administrative functions. Along with ordering and dispensing spectacles, these personnel are now coordinating paperwork, maintaining supplies, coordinating purchases, and performing other administrative tasks. Table 6 further shows that these personnel are spending a total of 27 percent of their work time on supervisory and training functions (Duties A through D), as compared with 12 percent of work time at the 3- and 5-skill levels. Although, as indicated in Table 7, 82 percent of these personnel are found within the Optometry personnel cluster, the majority are more specifically found within the job type identified as Optometry NCOICs. It is also interesting to note that all of the personnel identified as Optometry Superintendents belong to this skill-level group.

Overall, the results of this DAFSC analysis reflect a fairly typical career ladder progression, with career ladder incumbents assuming more supervisory and managerial responsibilities and fewer technical responsibilities as they advance in skill level. However, despite this transition, the vast majority of senior-level respondents indicated continued involvement in the technical aspects of their job, along with their supervisory functions.

AFSC 912X5A

Because only two 3-skill level ophthalmology personnel were identified within the survey sample, the 3- and 5-skill level groups have been grouped together for the purposes of analysis. A quick review of the work time distribution, reflected in Table 6, reveals the bulk of the work time for these personnel is spent performing ophthalmologic functions, optometric support functions, and administrative tasks. A task-specific job description (see

TABLE 6
RELATIVE PERCENT TIME SPENT ON DUTIES BY 912X5/A DAFSC GROUPS

	<u>91235/ 91255 (N=130)</u>	<u>91275 (N=53)</u>	<u>91235A/ 91255A (N=17)</u>	<u>91275A (N=20)</u>
A ORGANIZING AND PLANNING	3	6	3	6
B DIRECTING AND IMPLEMENTING	3	7	4	6
C INSPECTING AND EVALUATING	3	8	2	7
D TRAINING	3	6	4	5
E PERFORMING ADMINISTRATIVE TASKS	24	26	23	24
F PERFORMING OPTOMETRIC SUPPORT FUNCTIONS	22	17	25	22
G ORDERING AND DISPENSING SPECTACLES	31	20	9	4
H PERFORMING VISUAL TRAINING FUNCTIONS	*	*	*	*
I PERFORMING CONTACT LENS FUNCTIONS	4	3	3	3
J PERFORMING OPHTHALMOLOGIC FUNCTIONS	3	3	24	22
K PERFORMING EYE DONOR FUNCTIONS	*	*	*	*
L PERFORMING CONTINGENCY TASKS	3	3	2	1

* Less than .5 percent

TABLE 7

DISTRIBUTION OF DAFSC GROUP MEMBERS ACROSS CAREER LADDER
 CLUSTERS AND INDEPENDENT JOB TYPES
 (PERCENT MEMBERS RESPONDING)

<u>JOB GROUP</u>	<u>91235/ 91255 (N=130)</u>	<u>91275 (N=53)</u>	<u>91235A/ 91255A (N=17)</u>	<u>91275A/ (N=20)</u>
I. OPTOMETRY PERSONNEL (N=158)	88	82	0	0
II. OPHTHALMOLOGY PERSONNEL (N=42)	2	6	94	95
III. INSTRUCTOR PERSONNEL (N=2)	2	0	0	0
IV. OPTOMETRY SUPERINTENDENTS (N=3)	0	6	0	0
PERCENT NOT GROUPED (N=15)	<u>8</u>	<u>6</u>	<u>6</u>	<u>5</u>
TOTAL	100	100	100	100

TABLE 8
REPRESENTATIVE TASKS PERFORMED BY DAFSC 91235/91255 PERSONNEL
(N=130)

<u>TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
G252 ADJUST SPECTACLES	97
G265 MEASURE INTERPUPILLARY DISTANCES (P/D.)	96
G275 REPLACE TEMPLES	96
G268 NEUTRALIZE LENSES	95
G277 SELECT FRAME SIZES	95
G280 VERIFY SPECTACLES	95
F237 PERFORM NONCONTACT TONOMETRY (NCT)	94
G274 REPLACE HINGE SCREWS	94
G261 MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN SAFETY SPECTACLES	93
G264 MEASURE BIFOCAL SEGMENT HEIGHTS	93
G266 MEASURE TRIFOCAL SEGMENT HEIGHTS	93
G269 NOTIFY PATIENTS OF SPECTACLE ORDER ARRIVAL	91
G270 ORDER GAS MASK INSERTS	91
G259 MAINTAIN PRESCRIPTION LOGBOOKS	88
G279 TIGHTEN HINGE RIVETS	88
G276 ROTATE LENS AXIS	87
E169 PICK UP DAILY CLINIC ADMINISTRATIVE DISTRIBUTION	85
G260 MAINTAIN PRESCRIPTION ORDER SUSPENSE FILES	85
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	85
G271 REPLACE FRONTS IN SPECTACLE FRAMES IN OTHER THAN HEARING AID EQUIPPED FRAMES	85
F208 INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES	85
E138 MAINTAIN DAILY CLINIC PATIENT LOGS	84
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	82
E170 PREPARE DAILY PATIENT COUNT STATISTICS	82
G253 COMPLETE SAFETY SPECTACLE ORDER FORMS	81
F250 TRANPOSE CYLINDER FORMS	81
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	79
E126 ANSWER PATIENT INQUIRIES	78
G263 MEASURE BASE CURVES (LENS CLOCKS)	78
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	78
F200 CALCULATE MULTIFOCAL TO NEAR PRESCRIPTIONS	78

TABLE 9
REPRESENTATIVE TASKS PERFORMED BY DAFSC 91275 PERSONNEL
(N=53)

<u>TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD - CHRONOLOGICAL RECORD OF HEALTH CARE)	91
E138 MAINTAIN DAILY CLINIC PATIENT LOGS	91
E140 MAINTAIN LEVELS OF SUPPLIES, OTHER THAN MEDICATIONS	91
E128 COORDINATE LOCAL PURCHASE WITH MEDICAL MATERIEL OR VENDORS	91
G268 NEUTRALIZE LENSES	89
G275 REPLACE TEMPLES	89
F208 INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES	89
E135 INITIATE EQUIPMENT REQUESTS	89
G280 VERIFY SPECTACLES	87
G252 ADJUST SPECTACLES	87
F237 PERFORM NONCONTACT TONOMETRY (NCT)	87
G269 NOTIFY PATIENTS OF SPECTACLE ORDER ARRIVAL	87
G274 REPLACE HINGE SCREWS	87
E169 PICK UP DAILY CLINIC ADMINISTRATIVE DISTRIBUTION	87
E171 PREPARE REQUESTS FOR ISSUE/TURN IN OF SUPPLIES AND EQUIPMENT	87
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	85
G265 MEASURE INTERPUPILLARY DISTANCES (P/D.)	85
G264 MEASURE BIFOCAL SEGMENT HEIGHTS	85
G261 MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN SAFETY SPECTACLES	83
E126 ANSWER PATIENT INQUIRIES	83
G277 SELECT FRAME SIZES	83
G266 MEASURE TRIFOCAL SEGMENT HEIGHTS	83
G271 REPLACE FRONTS IN SPECTACLE FRAMES IN OTHER THAN HEARING AID EQUIPPED FRAMES	83
E168 PERFORM PERIODIC INVENTORIES OF EQUIPMENT OR SUPPLIES, OTHER THAN DATED MEDICATIONS	83
B45 PARTICIPATE IN STAFF MEETINGS	81
E170 PREPARE DAILY PATIENT COUNT STATISTICS	81
A15 ESTABLISH WORK PRIORITIES	81

Table 10), indicates that the vast majority of these personnel perform basic tests, assist physicians in various minor surgical procedures, and interact with patients. This job is very technically oriented, and very little time is spent on supervisory or managerial functions.

As the A-shred incumbent advances to the 7-skill level, he or she is very likely to continue to be involved in the technical aspects of the job. While the typical progression toward increased involvement in supervisory and managerial functions is reflected by the data in Table 6, the specific job description for these personnel (see Table 11) suggests a more concentrated involvement in surgical procedures. Here we note that 100 percent of these senior ophthalmology personnel are instilling ophthalmic diagnostic solutions, explaining minor procedures to patients, and assisting during minor surgery. Unlike many specialties, where seniority means supervising junior personnel who perform the technical aspects of the job, senior ophthalmology personnel tend to find greater opportunity to utilize the technical expertise they have developed through experience.

With over 50 percent of A-shred respondents holding a 7-skill level, these personnel face a somewhat atypical career ladder progression. Although they do assume more supervisory functions as they progress through the skill levels, the bulk of their experience is utilized through performance of technical functions, rather than in a supervisory or managerial capacity.

AFR 39-1 SPECIALTY DESCRIPTIONS

AFR 39-1 Specialty Descriptions are intended to give a very broad description of the responsibilities held by the various skill levels within a career ladder. Survey data were compared to the AFR 39-1 Specialty Descriptions for Optometry Specialist, and Optometry Technician (AFSCs 91235/55, and 91275), both dated April 1985.

When compared with survey data, the specialty description for the Optometry Specialist accurately reflects the majority of duties currently being performed by both optometry and ophthalmology respondents at these skill levels. One exception to this generalization, however, is in the area of administrative and supply functions. As noted in Table 6, 3- and 5-skill level personnel spend close to one quarter of their total work time on administrative functions, yet such functions are only tangentially mentioned in the specialty description. A second area of concern is the performance of contingency tasks. Although the time distribution reflected in Table 6 indicates that only 3 percent of total work time is spent in this area, a task-by-task job description for these personnel indicates that over 50 percent are performing contingency tasks. Examples of tasks which are not adequately covered by the current specialty description, include:

TABLE 10

REPRESENTATIVE TASKS PERFORMED BY DAFSC 91235A/91255A PERSONNEL
(N=17)

<u>TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD - CHRONOLOGICAL RECORD OF HEALTH CARE)	94
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	94
J307 INSTILL OPHTHALMIC DIAGNOSTIC SOLUTIONS	94
J301 ASSIST PHYSICIANS DURING MINOR SURGERY	94
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	94
J306 EXPLAIN MINOR PROCEDURES TO PATIENTS	94
J300 APPLY PRESSURE DRESSINGS	94
F239 PERFORM PERIPHERAL FIELDS TESTS	88
F229 PERFORM APPLANATION TONOMETRY	88
E126 ANSWER PATIENT INQUIRIES	88
F246 PHOTOGRAPH FUNDUS	88
J326 PREPARE SUPPLIES AND INSTRUMENTS FOR USE DURING SURGICAL PROCEDURES	88
F237 PERFORM NONCONTACT TONOMETRY (NCT)	88
J312 OBTAIN SUPPLIES AND INSTRUMENTS FOR USE DURING SURGERY	88
G268 NEUTRALIZE LENSES	88
J310 LABEL PHOTOGRAPHS OR SLIDES	88
E140 MAINTAIN LEVELS OF SUPPLIES, OTHER THAN MEDICATIONS	88
J313 PERFORM EYE IRRIGATIONS	88
F199 APPLY PRESSURE PATCHES	88
J324 PREPARE PATHOLOGY REPORT FORMS	88
J299 APPLY LOOSE DRESSINGS	88
F240 PERFORM PINHOLE DISC TESTS	82
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	82
J303 CLEAN AND STERILIZE INSTRUMENTS, OTHER THAN MAJOR SURGICAL INSTRUMENTS	82
F230 PERFORM CENTRAL FIELD TESTS	82
J330 SCHEDULE PATIENTS FOR SURGERY	82
J305 DON SURGICAL GLOVES	82
J302 ASSIST PHYSICIANS IN LACRIMAL IRRIGATIONS	82
J311 LOG PATIENTS INTO PHOTobook	82
J323 PREPARE AND DRAPE PATIENTS FOR SURGERY	82

TABLE 11
REPRESENTATIVE TASKS PERFORMED BY DAFSC 91275A PERSONNEL
(N=20)

<u>TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD - CHRONOLOGICAL RECORD OF MEDICAL CARE)	100
J307 INSTILL OPHTHALMIC DIAGNOSTIC SOLUTIONS	100
J301 ASSIST PHYSICIANS DURING MINOR SURGERY	100
J306 EXPLAIN MINOR PROCEDURES TO PATIENTS	100
J303 CLEAN AND STERILIZE INSTRUMENTS, OTHER THAN MAJOR SURGICAL INSTRUMENTS	100
J305 DON SURGICAL GLOVES	100
J300 APPLY PRESSURE DRESSINGS	100
A16 IMPROVE WORK METHODS	100
E126 ANSWER PATIENT INQUIRIES	95
F229 PERFORM APPLANATION TONOMETRY	95
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	95
E182 SCHEDULE PATIENT'S APPOINTMENTS	95
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	95
J318 PERFORM PATIENT ADMISSION PROCEDURES	95
J308 INSTILL OPHTHALMIC SOLUTIONS, OTHER THAN DIAGNOSTIC SOLUTIONS	95
J309 INSTRUCT PATIENTS ON POST SURGICAL PROCEDURES	95
J326 PREPARE SUPPLIES AND INSTRUMENTS FOR USE DURING SURGICAL PROCEDURES	95
F243 PERFORM SLIT LAMP EXAMINATIONS	95
J324 PREPARE PATHOLOGY REPORT FORMS	95
J325 PREPARE PATHOLOGY SPECIMENS	95
E167 PERFORM PERIODIC INVENTORIES OF DATED MEDICATIONS	95
E156 MAKE ENTRIES ON SF FORMS 519A (RADIOLOGIC CONSULTATION REQUEST/REPORT)	95
F230 PERFORM CENTRAL FIELD TESTS	90
F239 PERFORM PERIPHERAL FIELDS TESTS	90
F246 PHOTOGRAPH FUNDUS	90

maintain supply of clinic forms levels
maintain levels of ophthalmic medications
initiate equipment requests
coordinate standard medical supply purchases with medical
 material or vendors
transfer litter patients
load or unload patients on patient transportation vehicles
participate in chemical warfare confidence exercises

Examination of the specialty description for Optometry Technician showed that, while it is comprehensive in depicting the full range of supervisory functions performed, it totally neglects the wide range of basic administrative tasks which continue to be performed, even at this more advanced level. Survey data show that substantial percentages of 7-skill level personnel were found performing such basic tasks as:

maintain daily clinic patient logs
maintain levels of supplies, other than medications
pick up daily clinic administrative distribution
file optical laboratory forms and records
maintain property custodian log books
return patient medical records

These specialty descriptions should be reviewed for possible revision to reflect the full range of functions performed by the respective skill level personnel.

TRAINING ANALYSIS

Occupational survey data provide one of the several resources used by training and management personnel to develop and review training programs relevant to personnel in their first assignments in a career ladder. The primary factor used to review training programs is the percent of first-job (1-24 months TAFMS) and first-enlistment (1-48 months TAFMS) personnel performing specific tasks. Other considerations in training decisions include the TD and TE ratings, mission criticality of the tasks, and the availability of training resources.

This training analysis examines the job performed by first-term personnel, the current STS, and POI for the AFSC 912X5/A career ladder. Training Development Personnel from the School of Health Care Sciences, Sheppard AFB TX, matched tasks from the job inventory to corresponding sections of the STS and POI. Occupational survey data on the matched tasks were then used to examine the various items in these training documents.

Training Emphasis (TE) and Task Difficulty (TD) Data

As previously mentioned in the Task Factor Administration section of this report, TE and TD data provide information on first-term training needs, as perceived by experienced technicians in the field. This information, along with the percent members performing data, can then aid training managers in determining if revisions to the STS are required, or if formal training is actually warranted.

Because the TE and TD ratings are the composite opinion of experienced career ladder personnel on training for first-enlistment personnel, these data can guide training developers in identifying where to place emphasis in entry-level training. Tasks receiving high task factor ratings on both factors, as well as moderate-to-high percent members performing, may warrant formal, resident training. Those tasks assigned high task factor ratings but low percentages of personnel performing may be more appropriately planned for OJT programs. Low TE and TD ratings may indicate tasks best left out of formalized training for entry-level personnel; however, such a decision must also consider the percentages of personnel performing the specific task, task criticality, command concerns, or safety programs.

First-Enlistment Personnel

Within the Optometry/Ophthalmology specialty, 80 personnel were in their first enlistment (1-48 months TAFMS). These personnel comprise 36 percent of the survey sample, and as indicated in Figure 2, are distributed in only two of the four specialty jobs identified--Optometry Personnel and Ophthalmology Personnel. They perform an average of 92 tasks and have an average of only 23 months in the specialty.

Seventy-three of the 80 first-term personnel hold the 912X5, Optometry AFSC. Table 12 shows those tasks rated highest in training emphasis for these personnel. According to these ratings, the greatest emphasis for first-term training should focus on such things as optometric support functions, ordering and dispensing spectacles, and performing contact lens functions. Table 13 lists equipment used by these personnel. Here we find that there are 17 different pieces of equipment which are used by more than 50 percent of these personnel.

In contrast, only seven first-term personnel were identified with the Ophthalmology (A) shred. Tasks which were rated high in training emphasis for these personnel (see Table 14) included unique ophthalmologic functions, along with some of the same optometric support functions identified for the Optometry personnel. Other support functions were emphasized much more for the Ophthalmology Personnel than for their optometry counterparts. Such tasks included: performing applanation tonometry, applying pressure patches, and photographing fundus. An examination of the equipment used by these personnel (see Table 15) shows that while much of the same equipment is used by both groups, greater percentages of Ophthalmology personnel are using such equipment as the fundus cameras, bowl-type perimeters, and the Schirmer tear test sets.

**912X5/A DISTRIBUTION OF FIRST TERM PERSONNEL
(N=80)**

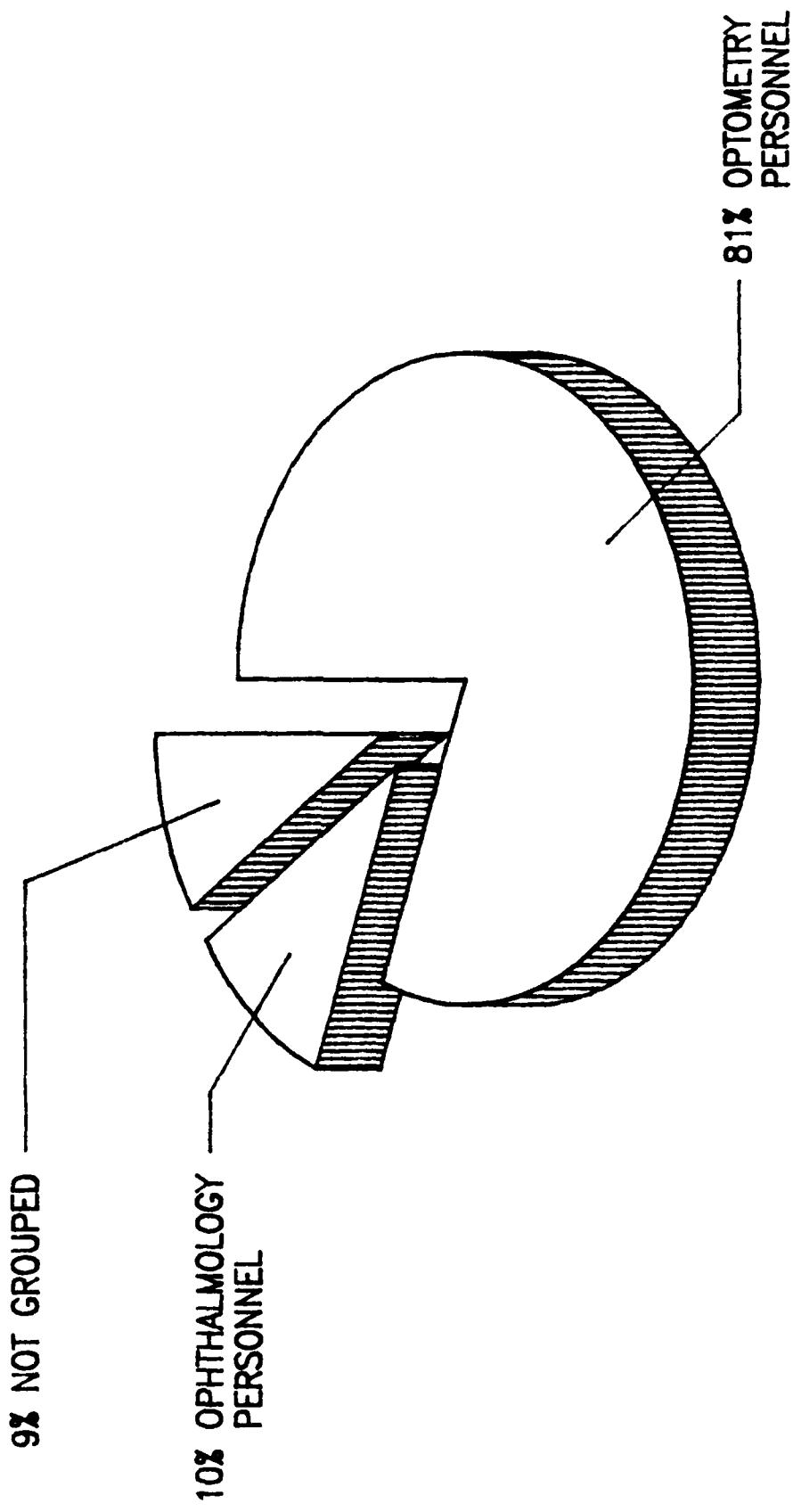


FIGURE 2

TABLE 12
EXAMPLES OF TASKS RATED HIGH IN TRAINING EMPHASIS
FOR AFSC 912X5 PERSONNEL

TASKS	TE	PERCENT MEMBERS PERFORMING	TD
F239 PERFORM PERIPHERAL FIELDS TESTS	7.04	69	5.44
F237 PERFORM NONCONTACT TONOMETRY (NCT)	6.88	91	4.08
G268 NEUTRALIZE LENSES	6.60	96	4.36
F208 INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES	6.52	80	4.06
G265 MEASURE INTERPUPILLARY DISTANCES	6.40	95	3.90
G280 VERIFY SPECTACLES	6.28	94	4.15
G252 ADJUST SPECTACLES	6.16	94	4.49
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	6.12	76	4.06
G264 MEASURE BIFOCAL SEGMENT HEIGHTS	6.08	90	4.12
F250 TRANPOSE CYLINDER FORMS	5.92	81	3.74
G277 SELECT FRAME SIZES	5.88	94	3.83
F247 PLOT RESULTS OF VISUAL FIELDS TESTS	5.84	69	5.06
F200 CALCULATE MULTIFOCAL TO NEAR PRESCRIPTIONS	5.84	78	4.37
I296 REMOVE CONTACT LENSES	5.80	43	5.67
G261 MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN SAFETY SPECTACLES	5.80	90	3.73
F204 CONDUCT PATIENT CASE HISTORY INTERVIEWS	5.72	78	4.56
F230 PERFORM CENTRAL FIELD TESTS	5.68	73	5.50
G266 MEASURE TRIFOCAL SEGMENT HEIGHTS	5.68	90	4.14
I289 INSERT CONTACT LENSES	5.64	45	5.61
G259 MAINTAIN PRESCRIPTION LOGBOOKS	5.56	88	3.27
G260 MAINTAIN PRESCRIPTION ORDER SUSPENSE FILES	5.56	83	3.22
F210 INTERPRET PRESCRIPTIONS	5.52	65	4.62
F240 PERFORM PINHOLE DISC TESTS	5.44	46	4.20
F209 INSTILL OPHTHALMIC SOLUTIONS, OTHER THAN FOR DIAGNOSTIC PURPOSES	5.40	33	4.06
F202 CALCULATE SPHERICAL EQUIVALENTS	5.40	74	4.41
I287 ADVISE PATIENTS ON CONTACT LENS CARE, SUCH AS HYGIENE OR WEARING TIME	5.32	56	5.67
I291 INSTRUCT PATIENTS ON PROPER CONTACT LENS INSERTION PROCEDURES	5.32	48	5.52

TABLE 13
EQUIPMENT USED BY 912X5 FIRST ENLISTMENT PERSONNEL

<u>EQUIPMENT</u>	<u>PERCENT MEMBERS USING (N=73)</u>
FRAME WARMERS	100
NONCONTACT TONOMETERS	97
LENSOMETERS	96
GENEVA LENS CLOCKS	93
SPECTACLE FRAME REPAIR AND ADJUSTMENT TOOL SETS	92
PSEUDOISOCHEMATIC PLATES	84
TITMUS STEREO TESTERS	77
PROJECT-O-CHARTS	75
PINHOLE DISCS	70
KERATOMETERS	64
APPLANATION TONOMETERS	63
TRIALENS TEST SETS WITH TRIAL FRAMES	59
AMSLER GRID CHARTS	58
PHOROPTERS	56
WORTH 4-DOT FLASHLIGHT	55
STETHOSCOPES	53
AUTOPLOTS	51
RADIUSCOPES	49
SCHIRMER TEAR TEST SETS	47
SCHIOTZ TONOMETERS	47
AUTO LENSOMETERS	44
SLIT LAMP BIOMICROSCOPES	42
VISION TEST APPARATUS - NEAR AND DISTANT (VTA-ND)	41
SPHYGMOMANOMETERS	40
AUTOMATIC VISUAL FIELD TESTERS, SUCH AS DICON	38
CONTACT LENS DIAMETER GUAGES	38
KEYSTONE TELEBINOCULARS	38
PRINCE RULES	38
TANGENT SCREENS	38
FUNDUS CAMERAS	37
BOWL-TYPE PERIMETERS, SUCH AS GOLDMANN	37
ANAGLYPH GLASSES	36
VERTICAL/HORIZONTAL PRISM BARS	36
CONTACT LENS THICKNESS GUAGES	32

TABLE 14
EXAMPLES OF TASKS RATED HIGH IN TRAINING EMPHASIS
FOR AFSC 912X5A PERSONNEL

TASKS	TE	PERCENT FIRST TERM PERFORMING	TD
F229 PERFORM APPLANATION TONOMETRY	7.60	26	6.25
F247 PLOT RESULTS OF VISUAL FIELDS TESTS	7.50	69	6.34
F239 PERFORM PERIPHERAL FIELDS TESTS	7.40	69	6.94
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	7.40	76	4.33
F240 PERFORM PINHOLE DISC TESTS	7.20	46	4.58
J300 APPLY PRESSURE DRESSINGS	7.20	34	4.75
J301 ASSIST PHYSICIANS DURING MINOR SURGERY	7.20	19	5.95
J316 PERFORM INSTRUMENT TECHNICIAN DUTIES DURING MAJOR SURGERY	7.20	10	7.29
J307 INSTILL OPHTHALMIC DIAGNOSTIC SOLUTIONS	7.10	55	4.59
J308 INSTILL OPHTHALMIC SOLUTIONS, OTHER THAN DIAGNOSTIC SOLUTIONS	7.00	21	4.65
J320 PERFORM SECOND ASSISTANT DUTIES DURING MAJOR SURGERY	6.90	10	7.03
F230 PERFORM CENTRAL FIELD TESTS	6.70	73	6.62
F199 APPLY PRESSURE PATCHES	6.60	35	4.48
J302 ASSIST PHYSICIANS IN LACRIMAL IRRIGATIONS	6.50	18	4.94
G268 NEUTRALIZE LENSES	6.30	96	4.65
J326 PREPARE SUPPLIES AND INSTRUMENTS FOR USE DURING SURGICAL PROCEDURES	6.30	15	5.83
F208 INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES	6.20	80	4.74
F246 PHOTOGRAPH FUNDUS	6.20	23	6.79
J331 SCRUB AND GOWN FOR MAJOR SURGERY	6.20	10	5.48
J305 DON SURGICAL GLOVES	6.10	14	4.70
F237 PERFORM NONCONTACT TONOMETRY (NCT)	6.00	91	4.29
F209 INSTILL OPHTHALMIC SOLUTIONS, OTHER THAN FOR DIAGNOSTIC PURPOSES	6.00	33	5.01
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	5.90	86	4.02
J313 PERFORM EYE IRRIGATIONS	5.90	24	4.67
J314 PERFORM FIRST ASSISTANT DUTIES DURING MAJOR SURGERY	5.90	9	7.53
F223 MEASURE NEAR VISUAL ACUITY WITH NEAR POINT CARDS	5.80	78	3.97
J299 APPLY LOOSE DRESSINGS	5.80	29	4.51

TABLE 15
EQUIPMENT USED BY 912X5A FIRST ENLISTMENT PERSONNEL

<u>EQUIPMENT</u>	<u>PERCENT MEMBERS USING (N=7)</u>
AMSLER GRID CHARTS	100
FUNDUS CAMERAS	100
LENSOMETERS	100
BOWL-TYPE PERIMETERS, SUCH AS GOLDMANN	100
PINHOLE DISCS	100
PSEUDOISOCHROMATIC PLATES	100
SCHIRMER TEAR TEST SETS	100
APPLANATION TONOMETERS	100
KERATOMETERS	86
PHOROPTERS	86
SLIT LAMP BIOMICROSCOPES	86
STETHOSCOPES	86
TANGENT SCREENS	86
TRIALENS TEST SETS WITH TRIAL FRAMES	86
NONCONTACT TONOMETERS	86
SCHIOTZ TONOMETERS	86
SLIT LAMP CAMERAS	71
FRAME WARMERS	71
OPHTHALMOMETERS	71
PROJECT-O-CHARTS	71
SPECTACLE FRAME REPAIR AND ADJUSTMENT TOOL SETS	71
TITMUS STEREO TESTERS	71
WORTH 4-DOT FLASHLIGHT	71
AUTO LENSOMETERS	57
FARNSWORTH-MUNSELL 100 HUE TEST SETS	57
TRIALENS TEST SETS WITHOUT TRIAL FRAMES	57
ULTRASONIC CLEANERS	57
VISION TEST APPARATUS - COLOR THRESHOLD TEST (VTA-CTT)	57
VISION TEST APPARATUS - NEAR AND DISTANT (VTA-ND)	57

While obvious differences do exist between the jobs performed by first-term Optometry and Ophthalmology personnel, there are several tasks performed in common by personnel in both shreds. While clear distinctions between shreds often leads to the question of specialized training for each shred, the moderate level of overlap here, along with a small number of personnel entering into the A-shred each year, makes consideration of such specialization impractical in this case.

Specialty Training Standard (STS)

A comprehensive review of the December 1985 STS 912X5 compared STS elements with occupational survey data. STS elements containing general information, supervisory responsibilities or subject-matter knowledge requirements were not addressed. The remaining elements were examined in terms of the percent of first-enlistment, 5-, or 7-skill level personnel performing related tasks. This examination found that the majority of technical items on the STS which were referenced with tasks were well supported in terms of percentages of AFSC 912X5/A personnel performing them. Six elements, however, were found to have tasks matched to them with less than 20 percent of the relevant skill level groups performing them. As reflected in Table 16, unsupported elements pertain to the performance of specific, preliminary ophthalmic tests, as well as visual training procedures.

These elements should be examined by career ladder managers to determine the appropriateness of their inclusion in the STS. It is possible that these elements remained unmatched to more commonly performed tasks because tasks were either unclear or omitted from the job inventory altogether. If this is the case, it is requested that subject-matter experts draft the necessary task statements and mail them to USAFOMC/OMYV for inclusion in the next job inventory for the Optometry specialty.

Several tasks from the job inventory, which are being performed by 20 percent or more of the relevant groups of personnel, were not matched to the STS. As shown in Table 17, many of the unreferenced tasks referred to general administrative functions, such as maintaining forms and picking up distributions. These tasks tended to have low TE or TD ratings and may be most appropriately taught via OJT. Other tasks pertained to relating to patients, preparing equipment, and administering tests. Generally, such tasks should be covered by some existing element, or a new item should be added to the STS. All unreferenced tasks should be reviewed in terms of percent members performing, and TE and TD ratings, for possible inclusion in the STS.

Plan of Instruction (POI)

Based on assistance from technical school subject-matter experts in matching the job inventory tasks to the tentative 3ABR912X5 POI, dated 23 July 1986, occupational survey data were matched to related training objectives. The specific data examined included percent members performing data for first-job and first-enlistment personnel, together with TE and TD data for the matched tasks.

TABLE 16
SPECIALTY TRAINING STANDARD ELEMENTS WITH
LOW PERCENT MEMBERS PERFORMING*

<u>STS ELEMENT</u>	<u>HIGHEST PERCENT MEMBERS PERFORMING**</u>
16a(3). USE KEYSTONE TELEBINOCULAR	13
16a(6)(c). ADMINISTER THE FARNSWORTH LANTERN TEST (FALANT)	15
16a(9). ADMINISTER ACCOMMODATION TEST (PRINCE RULE)	15
18a(1). ADMINISTER VISUAL TRAINING PROCEDURES	9
18a(2). RECORD RESULTS OF VISUAL TRAINING	8
18a(3). ADVISE OPTOMETRIST ON PATIENT VISUAL TRAINING PROGRESS	9

* The matched tasks specific to these elements have low percent members performing based on the group appropriate to that paragraph

** Percent members performing includes first term personnel from both Optometry and Ophthalmology personnel

TABLE 17

EXAMPLES OF TASKS NOT REFERENCED TO STS
(OVER 20 PERCENT MEMBERS PERFORMING)

TASKS	1ST TERM (1-48 MOS) (N=80)	DAFSC 91575/A (N=73)	TNG	TASK DIFF**
			EMP*	
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	86	78	5.43	3.30
G270 ORDER GAS MASK INSERTS	85	64	3.63	3.09
E169 PICK UP DAILY CLINIC ADMINISTRATIVE DISTRIBUTION	81	81	3.17	2.28
E175 RETURN PATIENT MEDICAL RECORDS	71	73	2.46	2.12
G258 INSTRUCT PATIENTS ON PROPER INSERTION OF GAS MASK INSERTS	60	62	3.46	3.66
E143 MAINTAIN SUPPLY OF CLINIC FORMS LEVELS	51	73	2.94	4.03
I292 INSTRUCT PATIENTS ON PROPER CONTACT LENS REMOVAL PROCEDURES	49	55	4.89	5.23
E167 PERFORM PERIODIC INVENTORIES OF DATED MEDICATIONS E127 COLLECT STATISTICAL DATA, OTHER THAN DAILY PATIENT COUNT STATISTICS	46	84	4.34	3.80
I293 MAINTAIN CONTACT LENS DIAGNOSTIC FITTING SETS IN STERILE CONDITIONS	41	64	2.03	4.98
I290 INSTRUCT PATIENTS ON PROPER CONTACT LENS CENTERING PROCEDURES	35	45	3.20	4.53
J299 APPLY LOOSE DRESSINGS	29	41	3.91	5.07
F183 ADMINISTER ACCOMMODATION TESTS USING OTHER THAN PRINCE RULE DEVICES	28	30	1.89	4.79
J313 PERFORM EYE IRRIGATIONS	24	41	4.40	4.62
J306 EXPLAIN MINOR PROCEDURES TO PATIENTS	23	34	3.74	5.02
E133 FILE CLINICAL LABORATORY REPORTS	21	34	1.94	3.82
E151 MAKE ENTRIES ON DD FORMS 2161 (REFERRED FOR CIVILIAN MEDICAL CARE)	19	42	1.69	4.64
E131 DRAFT REPORTS	15	40	.91	6.16

* Mean TE=2.18 SD=1.78
** Mean TD=5.00 SD=1.00

Of the 39 POI objectives matched with survey data, 3 were not supported, because fewer than 30 percent of the 80 first-term personnel surveyed indicated that they perform the matched tasks. As reflected in Table 18, these objectives comprise 12 of the 315 total course hours, and they all are a part of Block IV, Vision Classification. In accordance with ATCR 52-22, and in the interest of cost-effectiveness, objectives where the probability of first-enlistment performance is less than 30 percent should not be taught in a resident training course without further justification.

As in the case of the STS, a few tasks were found to be performed by more than 30 percent of the first-term personnel performing them, but were not referenced to the POI. These tasks, as shown in Table 19, tend to be concentrated in the areas of administrative functions and working with gas masks. Each of these tasks need to be reviewed by training management personnel for possible inclusion in the POI.

Based on utilization patterns, it is clear that Optometry and Ophthalmology personnel are performing separate jobs and tasks. Training development personnel and career ladder managers should find the OSR data extremely useful in planning future changes to the existing course, and in examining the need for providing different training to each of the two specialties.

JOB SATISFACTION ANALYSIS

By examining general job attitudes of airmen within a given career field, managers may gain a better understanding of factors affecting job performance. Several inventory questions relating to job satisfaction ask about such things as job interest, utilization of training and talents, and plans for reenlistment.

Table 20 lists job satisfaction data gathered for personnel within each of the specialty jobs identified. These data indicate that the vast majority of survey respondents find their jobs interesting, and are very content with how well their talents and training are being utilized. Among these groups, the lowest level of job satisfaction was indicated by the large group identified as Optometry personnel. While the level of satisfaction here is quite adequate, write-in comments at the back of the survey booklets indicated that some dissatisfaction may be due to inadequate training in the administrative aspects of the job. It was suggested that some Optometry personnel are assigned to small clinics, where they are required to spend greater amounts of time on administrative functions within the job. Several respondents indicated that they did not feel they were adequately trained in this area.

A comparison of job satisfaction indicators with those found in a comparative sample of related specialties is useful in determining the relative level of satisfaction. These data, as reflected in Table 21, indicate that job satisfaction for both shreds of Optometry personnel compares quite favorably with that of related specialties, up through the first and second enlistment groups. With the exception of perceived utilization of training for

TABLE 18
LOW PERFORMANCE POI J3ABR912X5 OBJECTIVES
(EXCLUDING SUBJECT-MATTER KNOWLEDGE OBJECTIVES)

<u>POI OBJECTIVES</u>	<u>COURSE HOURS</u>	<u>PERCENT PERFORMING</u>	
		<u>912X5 1ST ENL</u>	<u>912X5A 1ST ENL</u>
IV 1c. Given the necessary materials, perform Keystone visual skills on an instructor selected patient with no more than two instructor assists.	6	12	14
IV 1e. Given the necessary materials and an instructor selected patient, perform the amplitude of accommodation test with no more than one instructor assist.	2	14	29
IV 1i. Given 10 selected visual acuity results, classify the E portion of the physical profile with 70 percent accuracy.	4	18	14
TOTAL HOURS UNSUPPORTED		T2	

TABLE 19

TASKS NOT REFERENCED TO PO1 J3ABR912X5 WITH PROBABILITY
OF FIRST ENLISTMENT PERFORMANCE GREATER THAN 30 PERCENT

TASKS	PERCENT 1ST TERM PERS PERFORMING		TNG EMP*	TASK DIFF**
	912X5 (N=73)	912X5A (N=7)		
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	85	100	5.43	3.30
E169 PICK UP DAILY CLINIC ADMINISTRATIVE DISTRIBUTION	82	71	3.17	2.28
E175 RETURN PATIENT MEDICAL RECORDS	73	57	2.46	2.12
G258 INSTRUCT PATIENTS ON PROPER INSERTION OF GAS MASK INSERTS	63	29	3.46	3.66
G278 SOLVE FITTING PROBLEMS WITH FLIGHT EQUIPMENT	52	29	3.00	4.37
E143 MAINTAIN SUPPLY OF CLINIC FORMS LEVELS	51	57	2.94	4.03
E127 COLLECT STATISTICAL DATA, OTHER THAN DAILY PATIENT COUNT STATISTICS	41	43	2.03	4.98
E167 PERFORM PERIODIC INVENTORIES OF DATED MEDICATIONS	42	86	4.34	3.80
G251 ADJUST GAS MASK INSERTS	38	29	2.71	4.09

* Mean TE=2.18, SD=1.78
** Mean TD=5.00, SD=1.00

TABLE 20

COMPARISON OF JOB SATISFACTION INDICATORS
ACROSS MAJOR JOB GROUPS
(PERCENT MEMBERS RESPONDING)*

	OPTOMETRY PERSONNEL (STG019)	OPHTHALMOLOGY PERSONNEL (STG013)	INSTRUCTOR PERSONNEL (STG018)	OPTOMETRY SUPERINTENDENTS (STG029)
<u>EXPRESSED JOB INTEREST:</u>				
INTERESTING	69	90	100	100
SO-SO	22	7	0	0
DULL	9	2	0	0
<u>PERCEIVED UTILIZATION OF TALENTS:</u>				
FAIRLY WELL TO PERFECTLY	71	93	100	100
LITTLE OR NOT AT ALL	29	7	0	0
<u>PERCEIVED UTILIZATION OF TRAINING:</u>				
FAIRLY WELL TO PERFECTLY	78	88	67	100
LITTLE OR NOT AT ALL	22	12	33	0
<u>REENLISTMENT INTENTIONS:</u>				
YES OR PROBABLY YES	66	62	33	50
NO OR PROBABLY NO	26	21	0	50
WILL PROBABLY RETIRE	7	17	33	0

* Columns may not add to 100 due to nonresponse or rounding.

TABLE 21

COMPARISON OF TAFMS GROUP JOB SATISFACTION INDICATORS
WITH A COMPARATIVE SAMPLE SURVEYED IN 1986
(PERCENT MEMBERS RESPONDING)*

	1-48 MOS TAFMS		49-96 MOS TAFMS		97+ MOS TAFMS	
	COMP		COMP		COMP	
	912X5 (N=73)	912X5A (N=7)	912X5 (N=39)	912X5A (N=10)	912X5 (N=71)	912X5A (N=20)
<u>EXPRESSED JOB INTEREST:</u>						
INTERESTING	74	86	74	72	100	68
SO-SO	21	14	14	23	0	18
DULL	5	0	11	5	0	13
<u>PERCEIVED UTILIZATION OF TALENTS:</u>						
FAIRLY WELL TO PERFECTLY	75	86	75	67	100	72
LITTLE OR NOT AT ALL	25	14	24	33	0	28
<u>PERCEIVED UTILIZATION OF TRAINING:</u>						
FAIRLY WELL TO PERFECTLY	78	86	81	82	90	73
LITTLE OR NOT AT ALL	22	14	19	18	10	27
<u>REENLISTMENT INTENTIONS:</u>						
YES OR PROBABLY YES	59	43	61	69	80	67
NO OR PROBABLY NO	40	57	38	31	20	33
WILL PROBABLY RETIRE	0	0	0	0	0	0

* Columns may not add to 100 due to nonresponse or rounding
 ** Comparative sample comprised of 3,914 personnel from AFSS 902X0/A/B/C,
 A902X0, 905X0, and 913X0

second-term personnel, Optometry personnel in these two experience groups tend to be more satisfied with their jobs than their contemporaries in related specialties. As these personnel become more experienced, however, we see quite a different trend. While the general level of job satisfaction is still good, personnel within the optometry shred are not quite as content as the senior personnel in related career ladders. This is quite possibly due to the fact that very few senior NCOs within the survey sample were found to be working in the supervisory or managerial positions often expected at this level. In fact, as reported in the DAFSC Analysis section of this report, there is a great deal of similarity in the jobs performed at the junior and senior levels within this specialty.

By comparing job satisfaction indicators in the previous survey to those in the current survey, management personnel can get an idea of trends occurring within the specialty over time. Tables 22 and 23 compare job satisfaction indicators for the various experience level groups in the 1979 survey with those found in the current survey. These data indicate that, while overall job satisfaction has been quite stable, there have been some notable drops in specific areas. These areas include second-term utilization of talents, and all job satisfaction measures for personnel with more than 97 months of service. It is interesting to note that these are the same areas identified as potential weaknesses when compared with a sample from a related specialty. While none of the current measures of job satisfaction indicate serious problems, it is likely that they do indicate a trend which, if continued, could potentially cause problems in the future.

The overall picture of job satisfaction for Optometry personnel is very good. There are, however, some potential problems arising, particularly for the more senior NCOs, causing job satisfaction to slowly decline and fall below that of related specialties. Career ladder management personnel may want to further investigate these issues and examine options toward improving job interest, and increasing the utilization of talents and training at these levels.

IMPLICATIONS

This survey was conducted to review current training documents, and to distinguish those tasks performed by Optometric Assistants from those performed by Ophthalmology personnel.

An examination of the STS and POI found that these documents are generally very well supported by survey data. A few STS elements and a few POI objectives, however, were found unsupported due to low percentages of personnel performing tasks matched to them. Likewise, several tasks were identified as having high percentages of personnel performing them, but were unreferenced to these training documents. Both unsupported items and unreferenced tasks require review by training management personnel.

TABLE 22

COMPARISON OF JOB SATISFACTION DATA FOR VARIOUS
912X5 TAFMS GROUPS IN THE 1979 AND 1987 SURVEY
(PERCENT MEMBERS RESPONDING)*

	1-48 MOS TAFMS		49-96 MOS TAFMS		97+ MOS TAFMS	
	1979	1987	1979	1987	1979	1987
<u>EXPRESSED JOB INTEREST:</u>						
INTERESTING	72	74	76	72	83	69
SO-SO	17	21	12	23	11	18
DULL	11	5	12	5	3	11
<u>PERCEIVED UTILIZATION OF TALENTS:</u>						
FAIRLY WELL/PERFECTLY	70	75	88	67	83	73
VERY LITTLE/NOT AT ALL	30	25	12	33	17	27
<u>PERCEIVED UTILIZATION OF TRAINING:</u>						
FAIRLY WELL/PERFECTLY	81	78	88	82	83	73
VERY LITTLE/NOT AT ALL	19	22	12	18	17	27
<u>REENLISTMENT INTENTIONS:</u>						
YES, OR PROBABLY YES	39	59	59	69	78	70
NO, OR PROBABLY NO, OR WILL RETIRE	60	40	41	31	19	28

* Columns may not add to 100 due to nonresponse or rounding

TABLE 23

COMPARISON OF JOB SATISFACTION DATA FOR VARIOUS
 912X5A TAFMS GROUPS IN THE 1979 AND 1987 SURVEY
 (PERCENT MEMBERS RESPONDING)*

	1-48 MOS TAFMS		49-96 MOS TAFMS		97+ MOS TAFMS	
	1979	1987	1979	1987	1979	1987
<u>EXPRESSED JOB INTEREST:</u>						
INTERESTING	100	86	86	100	93	80
SO-SO	0	14	7	0	7	10
DULL	0	0	7	0	0	10
<u>PERCEIVED UTILIZATION OF TALENTS:</u>						
FAIRLY WELL/PERFECTLY	93	86	86	100	87	90
VERY LITTLE/NOT AT ALL	7	14	14	100	13	10
<u>PERCEIVED UTILIZATION OF TRAINING:</u>						
FAIRLY WELL/PERFECTLY	94	86	86	90	100	85
VERY LITTLE/NOT AT ALL	6	14	14	10	0	15
<u>REENLISTMENT INTENTIONS:</u>						
YES, OR PROBABLY YES	67	43	57	80	73	60
NO, OR PROBABLY NO, OR WILL RETIRE	33	57	43	20	27	40

* Columns may not add to 100 due to nonresponse or rounding

A review of job satisfaction data shows that, while overall job satisfaction indicators are very good, they are falling within the field when compared to related specialties. Such a decline may indicate a trend developing within the field, and should be addressed by career ladder management personnel.

In conclusion, the Optometry/Ophthalmology specialty appears to be a fairly stable career ladder, with two primary jobs relating to the specific shreds being performed by the majority of the personnel in the specialty. Career ladder management personnel may find the survey data presented here and in the training extract published in conjunction with this report, useful in making future career ladder decisions.

APPENDIX A

TABLE A1

GROUP ID NUMBER AND TITLE: OPTOMETRY PERSONNEL (ST019)
 NUMBER IN GROUP: 158 PERCENT OF SAMPLE: 72
 MAJCOM DISTRIBUTION: SAC (21%), TAC (21%), ATC (18%), MAC (9%),
 USAFE (9%), AFSC (7%), AFLC (5%)
 LOCATION: CONUS (77%), OVERSEAS (18%)
 DAFSC DISTRIBUTION: 91235 (12%), 91255 (60%), 91275 (27%)
 AVERAGE NUMBER OF TASKS PERFORMED: 111
 PREDOMINANT GRADE: E-4
 AVERAGE MONTHS IN CAREER FIELD: 62 AVERAGE MONTHS IN SERVICE: 89

<u>GROUP DIFFERENTIATING TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
G265 MEASURE INTERPUPILLARY DISTANCES (P/D.)	100
G252 ADJUST SPECTACLES	99
G264 MEASURE BIFOCAL SEGMENT HEIGHTS	99
G275 REPLACE TEMPLES	99
G268 NEUTRALIZE LENSES	99
G280 VERIFY SPECTACLES	99
G277 SELECT FRAME SIZES	99
G266 MEASURE TRIFOCAL SEGMENT HEIGHTS	99
F237 PERFORM NONCONTACT TONOMETRY (NCT)	98
G261 MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN SAFETY SPECTACLES	98
G269 NOTIFY PATIENTS OF SPECTACLE ORDER ARRIVAL	96
G274 REPLACE HINGE SCREWS	96
G270 ORDER GAS MASK INSERTS	95
G259 MAINTAIN PRESCRIPTION LOGBOOKS	94
G260 MAINTAIN PRESCRIPTION ORDER SUSPENSE FILES	93
F208 INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES	92
E169 PICK UP DAILY CLINIC ADMINISTRATIVE DISTRIBUTION	92
G279 TIGHTEN HINGE RIVETS	92
G276 ROTATE LENS AXIS	92
E138 MAINTAIN DAILY CLINIC PATIENT LOGS	91
G271 REPLACE FRONTS IN SPECTACLE FRAMES IN OTHER THAN HEARING AID EQUIPPED FRAMES	91
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	90
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	88
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	87
E170 PREPARE DAILY PATIENT COUNT STATISTICS	87
E126 ANSWER PATIENT INQUIRIES	85
G253 COMPLETE SAFETY SPECTACLE ORDER FORMS	85
F200 CALCULATE MULTIFOCAL TO NEAR PRESCRIPTIONS	85
F250 TRANPOSE CYLINDER FORMS	85
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	83

TABLE A2

GROUP ID NUMBER AND TITLE: OPTOMETRY NCOICs (ST023)
 NUMBER IN GROUP: 65 PERCENT OF CLUSTER: 41
 MAJCOM DISTRIBUTION: TAC (23%), ATC (20%), SAC (14%), USAFE (11%)
 AFSC (9%), MAC (9%), AFLC (6%)
 LOCATION: CONUS (78%), OVERSEAS (20%)
 DAFSC DISTRIBUTION: 91235 (3%), 91255 (42%), 91275 (51%), 91255A (2%)
 91255A (2%)
 AVERAGE NUMBER OF TASKS PERFORMED: 153
 PREDOMINANT GRADE: E-5
 AVERAGE MONTHS IN CAREER FIELD: 92 AVERAGE MONTHS IN SERVICE: 136

GROUP DIFFERENTIATING TASKS	PERCENT MEMBERS PERFORMING
G265 MEASURE INTERPUPILLARY DISTANCES (P/D.)	100
G268 NEUTRALIZE LENSES	98
F237 PERFORM NONCONTACT TONOMETRY (NCT)	98
G280 VERIFY SPECTACLES	98
G252 ADJUST SPECTACLES	98
G277 SELECT FRAME SIZES	98
G260 MAINTAIN PRESCRIPTION ORDER SUSPENSE FILES	98
G264 MEASURE BIFOCAL SEGMENT HEIGHTS	98
G275 REPLACE TEMPLES	98
E140 MAINTAIN LEVELS OF SUPPLIES, OTHER THAN MEDICATIONS	98
E169 PICK UP DAILY CLINIC ADMINISTRATIVE DISTRIBUTION	98
G261 MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN SAFETY SPECTACLES	97
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	97
E138 MAINTAIN DAILY CLINIC PATIENT LOGS	97
G266 MEASURE TRIFOCAL SEGMENT HEIGHTS	97
E135 INITIATE EQUIPMENT REQUESTS	97
F208 INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES	97
G269 NOTIFY PATIENTS OF SPECTACLE ORDER ARRIVAL	95
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	94
G274 REPLACE HINGE SCREWS	94
G271 REPLACE FRONTS IN SPECTACLE FRAMES IN OTHER THAN HEARING AID EQUIPPED FRAMES	94
E126 ANSWER PATIENT INQUIRIES	92
G270 ORDER GAS MASK INSERTS	92
G259 MAINTAIN PRESCRIPTION LOGBOOKS	92
E170 PREPARE DAILY PATIENT COUNT STATISTICS	92
G279 TIGHTEN HINGE RIVETS	92
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	92
G258 INSTRUCT PATIENTS ON PROPER INSERTION OF GAS MASK INSERTS	92
E175 RETURN PATIENT MEDICAL RECORDS	92
E143 MAINTAIN SUPPLY OF CLINIC FORMS LEVELS	92

TABLE A3

GROUP ID NUMBER AND TITLE: OPTOMETRIC ASSISTANTS (ST030)
 NUMBER IN GROUP: 92 PERCENT OF CLUSTER: 58
 MAJCOM DISTRIBUTION: SAC (26%), TAC (20%), ATC (16%), MAC (10%)
 USAFE (9%), AFSC (5%), AFLC (4%)
 LOCATION: CONUS (77%), OVERSEAS (16%)
 DAFSC DISTRIBUTION: 91235 (18%), 91255 (72%), 91275 (10%)
 AVERAGE NUMBER OF TASKS PERFORMED: 82
 PREDOMINANT GRADE: E-4
 AVERAGE MONTHS IN CAREER FIELD: 41 AVERAGE MONTHS IN SERVICE: 56

<u>GROUP DIFFERENTIATING TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
G252 ADJUST SPECTACLES	100
G265 MEASURE INTERPUPILLARY DISTANCES (P/D.)	100
G275 REPLACE TEMPLES	100
G264 MEASURE BIFOCAL SEGMENT HEIGHTS	100
G266 MEASURE TRIFOCAL SEGMENT HEIGHTS	100
F237 PERFORM NONCONTACT TONOMETRY (NCT)	99
G261 MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN SAFETY SPECTACLES	99
G268 NEUTRALIZE LENSES	99
G277 SELECT FRAME SIZES	99
G280 VERIFY SPECTACLES	99
G274 REPLACE HINGE SCREWS	98
G259 MAINTAIN PRESCRIPTION LOGBOOKS	97
G269 NOTIFY PATIENTS OF SPECTACLE ORDER ARRIVAL	97
G270 ORDER GAS MASK INSERTS	97
G279 TIGHTEN HINGE RIVETS	91
G276 ROTATE LENS AXIS	91
F208 INSTILL OPHTHALMIC SOLUTIONS FOR DIAGNOSTIC PURPOSES	90
G260 MAINTAIN PRESCRIPTION ORDER SUSPENSE FILES	89
E169 PICK UP DAILY CLINIC ADMINISTRATIVE DISTRIBUTION	89
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	88
G271 REPLACE FRONTS IN SPECTACLE FRAMES IN OTHER THAN HEARING AID EQUIPPED FRAMES	88
E138 MAINTAIN DAILY CLINIC PATIENT LOGS	88
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	85
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	85
E170 PREPARE DAILY PATIENT COUNT STATISTICS	85
F200 CALCULATE MULTIFOCAL TO NEAR PRESCRIPTIONS	85
G253 COMPLETE SAFETY SPECTACLE ORDER FORMS	83
F250 TRANPOSE CYLINDER FORMS	82
E126 ANSWER PATIENT INQUIRIES	80
F223 MEASURE NEAR VISUAL ACUITY WITH NEAR POINT CARDS	78

TABLE A4

GROUP ID NUMBER AND TITLE: OPHTHALMOLOGY PERSONNEL (ST013)
 NUMBER IN GROUP: 42 PERCENT OF SAMPLE: 19
 MAJCOM DISTRIBUTION: SAC (21%), TAC (17%), AFSC (14%), ATC (10%)
 MAC (10%), AFLC (7%), USAFE (7%)
 LOCATION: CONUS (81%), OVERSEAS (19%)
 DAFSC DISTRIBUTION: 91255 (10%), 91275 (5%), 91235A (5%), 91255A (33%),
 91275A (45%)
 AVERAGE NUMBER OF TASKS PERFORMED: 158
 PREDOMINANT GRADE: E-5
 AVERAGE MONTHS IN CAREER FIELD: 83 AVERAGE MONTHS IN SERVICE: 129

GROUP DIFFERENTIATING TASKS	PERCENT MEMBERS PERFORMING
J301 ASSIST PHYSICIANS DURING MINOR SURGERY	98
J307 INSTILL OPHTHALMIC DIAGNOSTIC SOLUTIONS	98
J306 EXPLAIN MINOR PROCEDURES TO PATIENTS	98
J300 APPLY PRESSURE DRESSINGS	98
J324 PREPARE PATHOLOGY REPORT FORMS	98
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	95
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	95
J303 CLEAN AND STERILIZE INSTRUMENTS, OTHER THAN MAJOR SURGICAL INSTRUMENTS	95
J326 PREPARE SUPPLIES AND INSTRUMENTS FOR USE DURING SURGICAL PROCEDURES	95
J305 DON SURGICAL GLOVES	95
J318 PERFORM PATIENT ADMISSION PROCEDURES	95
J325 PREPARE PATHOLOGY SPECIMENS	95
F239 PERFORM PERIPHERAL FIELDS TESTS	93
F229 PERFORM APPLANATION TONOMETRY	93
F240 PERFORM PINHOLE DISC TESTS	93
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	93
J330 SCHEDULE PATIENTS FOR SURGERY	93
J312 OBTAIN SUPPLIES AND INSTRUMENTS FOR USE DURING SURGERY PROCEDURES	93
J299 APPLY LOOSE DRESSINGS	93
E182 SCHEDULE PATIENT'S APPOINTMENTS	90
F230 PERFORM CENTRAL FIELD TESTS	90
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	90
J309 INSTRUCT PATIENTS ON POST SURGICAL PROCEDURES	90
J308 INSTILL OPHTHALMIC SOLUTIONS, OTHER THAN DIAGNOSTIC SOLUTIONS	90
F237 PERFORM NONCONTACT TONOMETRY (NCT)	90
J310 LABEL PHOTOGRAPHS OR SLIDES	90
J302 ASSIST PHYSICIANS IN LACRIMAL IRRIGATIONS	90
E167 PERFORM PERIODIC INVENTORIES OF DATED MEDICATIONS	90

TABLE A5

GROUP ID NUMBER AND TITLE: OPHTHALMOLOGY TECHNICIANS (ST036)
 NUMBER IN GROUP: 36 PERCENT OF CLUSTER: 86
 MAJCOM DISTRIBUTION: SAC (25%), TAC (17%), ATC (11%), MAC (11%), USAFE (8%)
 LOCATION: CONUS (81%), OVERSEAS (19%)
 DAFSC DISTRIBUTION: 91255 (11%), 91275 (8%), 91235A (3%), 91255A (31%),
 91275A (47%)
 AVERAGE NUMBER OF TASKS PERFORMED: 171
 PREDOMINANT GRADE: E-5
 AVERAGE MONTHS IN CAREER FIELD: 89 AVERAGE MONTHS IN SERVICE: 135

<u>GROUP DIFFERENTIATING TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
J307 INSTILL OPHTHALMIC DIAGNOSTIC SOLUTIONS	100
J306 EXPLAIN MINOR PROCEDURES TO PATIENTS	100
J305 DON SURGICAL GLOVES	100
J309 INSTRUCT PATIENTS ON POST SURGICAL PROCEDURES	100
J300 APPLY PRESSURE DRESSINGS	100
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	97
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	97
F239 PERFORM PERIPHERAL FIELDS TESTS	97
J301 ASSIST PHYSICIANS DURING MINOR SURGERY	97
J312 OBTAIN SUPPLIES AND INSTRUMENTS FOR USE DURING SURGERY PROCEDURES	97
J308 INSTILL OPHTHALMIC SOLUTIONS, OTHER THAN DIAGNOSTIC SOLUTIONS	97
J318 PERFORM PATIENT ADMISSION PROCEDURES	97
J302 ASSIST PHYSICIANS IN LACRIMAL IRRIGATIONS	97
J299 APPLY LOOSE DRESSINGS	97
J324 PREPARE PATHOLOGY REPORT FORMS	97
F230 PERFORM CENTRAL FIELD TESTS	94
F229 PERFORM APPLANATION TONOMETRY	94
J330 SCHEDULE PATIENTS FOR SURGERY	94
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	94
J326 PREPARE SUPPLIES AND INSTRUMENTS FOR USE DURING SURGICAL PROCEDURES	94
E181 REVIEW SF FORMS 513 (MEDICAL RECORD-CONSULTATION SHEET)	94
J303 CLEAN AND STERILIZE INSTRUMENTS, OTHER THAN MAJOR SURGICAL INSTRUMENTS	94
J310 LABEL PHOTOGRAPHS OR SLIDES	94
J329 RESTOCK MATERIALS USED DURING MINOR SURGERY PROCEDURES	94
E139 MAINTAIN LEVELS OF OPHTHALMIC MEDICATIONS	94
E140 MAINTAIN LEVELS OF SUPPLIES, OTHER THAN MEDICATIONS	94
E167 PERFORM PERIODIC INVENTORIES OF DATED MEDICATIONS	94
J325 PREPARE PATHOLOGY SPECIMENS	94
J313 PERFORM EYE IRRIGATIONS	94

TABLE A6

GROUP ID NUMBER AND TITLE: JUNIOR OPHTHALMOLOGY PERSONNEL (ST016)
 NUMBER IN GROUP: 5 PERCENT OF CLUSTER: 12
 MAJCOM DISTRIBUTION: AFSC (40%), AFLC (20%), PACAF (20%), TAC (20%)
 LOCATION: CONUS (80%), OVERSEAS (20%)
 DAFSC DISTRIBUTION: 91235A (20%), 91255A (60%), 91275A (20%)
 AVERAGE NUMBER OF TASKS PERFORMED: 70
 PREDOMINANT GRADE: E-4
 AVERAGE MONTHS IN CAREER FIELD: 31 AVERAGE MONTHS IN SERVICE: 69

GROUP DIFFERENTIATING TASKS	PERCENT MEMBERS PERFORMING
J303 CLEAN AND STERILIZE INSTRUMENTS, OTHER THAN MAJOR SURGICAL INSTRUMENTS	100
F240 PERFORM PINHOLE DISC TESTS	100
J301 ASSIST PHYSICIANS DURING MINOR SURGERY	100
J298 ADMINISTER LOCAL ANESTHETICS	100
J326 PREPARE SUPPLIES AND INSTRUMENTS FOR USE DURING SURGICAL PROCEDURES	100
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	100
J324 PREPARE PATHOLOGY REPORT FORMS	100
J325 PREPARE PATHOLOGY SPECIMENS	100
J323 PREPARE AND DRAPE PATIENTS FOR SURGERY	100
E162 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE)	80
F247 PLOT RESULTS OF VISUAL FIELDS TESTS	80
F217 MEASURE DISTANT VISUAL ACUITY WITH EYE LANES	80
F229 PERFORM APPLANATION TONOMETRY	80
F239 PERFORM PERIPHERAL FIELDS TESTS	80
F248 PREPARE CLINIC EQUIPMENT FOR DAILY USE	80
G268 NEUTRALIZE LENSES	80
E182 SCHEDULE PATIENT'S APPOINTMENTS	80
F230 PERFORM CENTRAL FIELD TESTS	80
J307 INSTILL OPHTHALMIC DIAGNOSTIC SOLUTIONS	80
G261 MAKE ENTRIES ON DD FORMS 771 (EYEWEAR PRESCRIPTION) FOR ORDERS OTHER THAN SAFETY SPECTACLES	80
E126 ANSWER PATIENT INQUIRIES	80
G277 SELECT FRAME SIZES	80
G252 ADJUST SPECTACLES	80
G274 REPLACE HINGE SCREWS	80
J330 SCHEDULE PATIENTS FOR SURGERY	80
J318 PERFORM PATIENT ADMISSION PROCEDURES	80
F237 PERFORM NONCONTACT TONOMETRY (NCT)	80
J306 EXPLAIN MINOR PROCEDURES TO PATIENTS	80
J312 OBTAIN SUPPLIES AND INSTRUMENTS FOR USE DURING SURGERY PROCEDURES	80
J300 APPLY PRESSURE DRESSINGS	80

TABLE A7

GROUP ID NUMBER AND TITLE: INSTRUCTOR PERSONNEL (ST018)
 NUMBER IN GROUP: 2 PERCENT OF SAMPLE: 1
 MAJCOM DISTRIBUTION: ATC (100%)
 LOCATION: CONUS (100%)
 DAFSC DISTRIBUTION: 91255 (100%)
 AVERAGE NUMBER OF TASKS PERFORMED: 135
 PREDOMINANT GRADE: E-6
 AVERAGE MONTHS IN CAREER FIELD: 75 AVERAGE MONTHS IN SERVICE: 129

GROUP DIFFERENTIATING TASKS	PERCENT MEMBERS PERFORMING
D90 CONDUCT TRAINING CONFERENCES	100
D94 DEVELOP RESIDENT COURSE CURRICULUM MATERIALS	100
D89 CONDUCT RESIDENT COURSE CLASSROOM TRAINING	100
D117 PREPARE LESSON PLANS	100
D97 ESTABLISH RESIDENT COURSE TRAINING REQUIREMENTS	100
D102 EVALUATE TRAINING PROGRESS OF RESIDENT COURSE STUDENTS	100
D91 COUNSEL TRAINEES ON TRAINING PROGRESS	100
B30 COUNSEL PERSONNEL ON PERSONAL OR MILITARY-RELATED MATTERS	100
D119 PROCURE TRAINING EQUIPMENT	100
D120 SCHEDULE ADVANCED TRAINING	100
D101 EVALUATE TRAINING METHODS	100
D118 PREPARE TRAINING AIDS	100
A9 DEVELOP WORK METHODS	100
D92 DEMONSTRATE HOW TO LOCATE TECHNICAL INFORMATION	100
E163 MAKE ENTRIES ON SF FORMS 600 (HEALTH RECORD-CHRONOLOGICAL RECORD OF MEDICAL CARE) OVERPRINT	100
A16 IMPROVE WORK METHODS	100
C56 ANALYZE WORKLOAD REQUIREMENTS	100
C66 EVALUATE NEW EQUIPMENT	100
A14 ESTABLISH RESEARCH PROCEDURES	100
E140 MAINTAIN LEVELS OF SUPPLIES, OTHER THAN MEDICATIONS	100
A18 PLAN SAFETY PROGRAMS	100
D103 MAINTAIN STUDY REFERENCE FILES, SUCH AS CAREER DEVELOPMENT COURSES	100
A6 DETERMINE REQUIREMENTS FOR EQUIPMENT, SPACE, OR SUPPLIES	100
B33 DIRECT MAINTENANCE OF STATUS BOARDS	100
D100 EVALUATE PERSONNEL FOR TRAINING NEEDS	100
C73 IDENTIFY SAFETY HAZARDS	100
D122 SCHEDULE SPECIAL TRAINING	100
A3 CONDUCT BRIEFINGS	100
A7 DEVELOP IN-SERVICE TRAINING PLANS	100
D84 ADMINISTER TESTS	100

TABLE A8

GROUP ID NUMBER AND TITLE: OPTOMETRY SUPERINTENDENTS (ST029)
 NUMBER IN GROUP: 3 PERCENT OF SAMPLE: 1
 MAJCOM DISTRIBUTION: AU (33%), MAC (33%), TAC (33%)
 LOCATION: CONUS (100%)
 DAFSC DISTRIBUTION: 91275 (100%)
 AVERAGE NUMBER OF TASKS PERFORMED: 96
 PREDOMINANT GRADE: E-7
 AVERAGE MONTHS IN CAREER FIELD: 126 AVERAGE MONTHS IN SERVICE: 215

<u>GROUP DIFFERENTIATING TASKS</u>	<u>PERCENT MEMBERS PERFORMING</u>
E126 ANSWER PATIENT INQUIRIES	100
E132 EXPLAIN CLINICAL POLICIES TO PATIENTS	100
C62 EVALUATE COMPLIANCE WITH WORK STANDARDS	100
E127 COLLECT STATISTICAL DATA, OTHER THAN DAILY PATIENT COUNT STATISTICS	100
C58 EVALUATE ADMINISTRATIVE PROCEDURES	100
B25 ADVISE SUBORDINATES ON MEDICAL ETHICS	100
B30 COUNSEL PERSONNEL ON PERSONAL OR MILITARY-RELATED MATTERS	100
C72 EVALUATE WORK SCHEDULES	100
A24 SCHEDULE TDY, LEAVES, OR PASSES	100
A16 IMPROVE WORK METHODS	100
C60 EVALUATE CLINIC REQUIREMENTS FOR PERSONNEL OR EQUIPMENT	100
C56 ANALYZE WORKLOAD REQUIREMENTS	100
C80 SERVE ON PROMOTION OR AWARDS BOARDS	100
B45 PARTICIPATE IN STAFF MEETINGS	100
A15 ESTABLISH WORK PRIORITIES	100
C76 INSPECT OR EVALUATE ADHERENCE TO ESTABLISHED STANDARDS OF SANITATION, CLEANLINESS, OR NEATNESS	100
C63 EVALUATE INSPECTION REPORTS	100
B32 DIRECT MAINTENANCE OF ADMINISTRATIVE FILES	100
B42 MAINTAIN ORGANIZATIONAL POLICIES	100
A13 ESTABLISH PERFORMANCE STANDARDS	100
E130 COORDINATE STANDARD MEDICAL SUPPLY PURCHASES WITH MEDICAL MATERIEL OR VENDORS	100
C59 EVALUATE BUDGET REQUIREMENTS	100
E128 COORDINATE LOCAL PURCHASE WITH MEDICAL MATERIEL OR VENDORS	100
A10 DRAFT BUDGET REQUIREMENTS	100
B40 INITIATE PERSONNEL ACTION REQUESTS, SUCH AS AF FORMS 2095 (ASSIGNMENT/PERSONNEL ACTION)	100
A9 DEVELOP WORK METHODS	100
E129 COORDINATE SPECIAL EQUIPMENT PURCHASE WITH MEDICAL MATERIEL OR VENDORS	100
B44 ORIENT NEWLY ASSIGNED PERSONNEL	100
D113 PARTICIPATE IN EMERGENCY MEDICAL TRAINING, SUCH AS FIRST AID OR CARDIOPULMONARY RESUSCITATION	100

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